SOURCES OF STRESS: AS A PREDICTOR OF EMOTIONAL/BEHAVIOURAL DISORDER AND NEUROTIC PERSONALITY AMONG ADOLESCENTS

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DECLARATION AND CERTIFICATE

I, Dr. Palwade Nagorao Manikrao, hereby declare and certify that, the complete project report on the Minor Research Project entitled "**SOURCES OF STRESS: AS A PREDICTOR OF EMOTIONAL / BEHAVIOURAL DISORDER AND NEUROTIC PERSONALITY AMONG ADOLESCENTS**" is a bonafide record of research work done by me during the year 2017-2019. Further certified that the work presented in the report is original and carried out according to the plan in the proposal and guidelines of the University Grants Commission.

Place: Parbhani

Date:

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CONTENTS

Chapter No. & Title	*Page No.*
1. Introduction	01
2. Review of Literature	55
3. Methodology	111
4. Results and Discussions	125
5. Summary and Conclusion	197
References	207

CHAPTER - 1

INTRODCTION

1.1 INTRODUCTION

It is every society's dream to advance and transcend its members and produce intellectual and educated citizens. Obviously, any progress in various cultural, economic, social, and political fields would require creative and critical thinkers who could plan and make correct decisions. All this would further require active dynamic educated youth. It could well be claimed that any kind of progress has its roots in some society's efficient educational system.

Today, the sensitivity of education on one hand and the complexity of the world on the other have made clear the importance of educating successful students at different college levels. Surely success in doing so would depend not only on the educational programs at colleges, but also on the students' personality characteristics and their capability in adjusting to the fast changing needs of the technological world. The society is where a person's physical and emotional patterns as well as his/her personality are formed, so it plays a crucial role in the person's future progress and development. It is the prime duty of the societal system to allow its youth enable to create healthy relations among its members, and help its youth to become independent.

An adolescent is considered as a sensitive period in an individual's life span. Adolescence is often characterized as a period of internal turmoil and external reckless when the adolescents smoke, take drugs, have sex and commit crimes to demonstrate their adulthood (Morffit, 1993). In addition, they have to contend with many developmental problems associated with this unique transitional stage when they experience rapid and striking metamorphosis physically, emotionally, cognitively and socially (Schacter, Gilkbert & Wegner, 2009).

Further in the present competitive world adolescents are also facing enhanced difficulties or stress due to fierce competition in academics, career, peer pressures, parental expectations etc. These all stressors enforced them to cope up not only with

the physical demand but also to fit for academic and social demands. The appropriate coping leads towards normal development of personality but otherwise will bring negative aspects in their Personality. Since stress especially in adolescence interferes with normal adolescent development by affecting their physical as well a mental health, studies of adolescents are therefore important for an understanding of the factors and dynamics associated with their emotional, behavior and personality manifestation.

The significance of stress in the etiology of personality is well established as epidemiological studies have noted that much of the emotional and behavior problems which take place in personality development occur in adolescents' period (Swadi H, 2000 & Gilvary E; 1999). In addition, substantial evidence implicates life stress and the personality trait of neuroticism (Ormel J, Wohlfarth TD; 1991). Neuroticism was initially designed to measure emotionality and has been identified as a major personality dimension by nearly all subsequent investigators. In building comprehensive models for the causes of neurotic or personality disorder, distinct risk factors interact in the etiology of illness. Among these factors stress found to be significant for the susceptibility of neuroticism in adolescents population.

In reference of relation of neurotism with stress Goleman (1997) reported that neurotic respond more poorly to environmental stress, are more likely to interpret ordinary situations as threatening and minor frustrations as hopelessly difficult. They are often self-conscious and shy, and they may have trouble controlling urges and delaying gratification. Neuroticism has an inherent negative denotation (Bradsaw 1997) although (sometimes reversed and called Emotional Stability), an enduring tendency to experience negative emotional states and such feelings such as anxiety, anger, guilt, and depressed mood (Mathews & Deary 1998).

To explain the stress in relation to emotional state as well with personality it was found that neuroticism is associated with low emotional intelligence, which involves emotional regulation, motivation, and interpersonal skills. It is also a risk factor for "internalizing" mental disorders such as phobia, depression, panic disorder, and other anxiety disorders traditionally called neuroses (Hettema, Neale, Myers, Prescott, & Kendler 2006). Individuals who are high in neuroticism may show more emotional reactions whenever confronted with stressful situations (Van Heck, 1997). Moreover, they seem to use avoiding and distracting coping strategies such as

denying, wishful thinking, and self-criticism, rather than more approaching strategies (Bloger, 1990; Heppner et al., 1995; McCrae & Costa, 1986). Ineffective coping with stressful situations in the work environment makes individuals who are high in neuroticism more vulnerable to the symptoms that are typically associated with burnout (Bakker, Van der Zee, Lewig & Dollard 2006).

1.2 STRESS:

Stress can be challenging to explain, because it means different things to different people. For example, going swimming might be stressful to some, but for others, it might be enjoyable. Stress affects our ability to relate to others because too much stress cause us to be irritable, which affects our communication skills.

Hans Selye defined stress as the nonspecific response of the body to a demand for a change. In 1936, Selye researched this topic and discovered something surprising. When subjecting lab animals to acute but noxious physical and emotional stimuli—such as blaring light, loud noises, extreme heat or cold, or frustration—they all experienced the same physical symptoms of stress, such as the enlargement of the adrenal glands. He saw that these intense stresses over long periods of time caused other issues such as heart attacks, strokes, and kidney disease. His conclusion was that stress actually caused these conditions, not the stimuli themselves. Today, we usually define stress as the body's way of responding to a demand. For example, if you are stuck in traffic and are going to be late for school, this may create stress. Having two tests in one day may cause stress as you try to find time to study for both. Likewise, you can feel stress in a difficult personal relationship with a family member or a significant other. Other definitions of stress include the internal reaction to a situation that could disturb a person's well-being.

There are four types of stress. The first type of stress is called acute stress. This is the most common form of stress and normally comes from demands and pressures of the past and future. This kind of stress tends to be short term. For example, suppose you have a busy day. You have to drop your niece and nephew at school, stop by the post office, go to class, take a quiz, get an oil change, pick your niece and nephew up from school, drive home through traffic, and make dinner. A busy day such as this can create stress, but it is short term, because perhaps tomorrow you are less busy or are looking forward to the weekend where you don't have as

much to do. Every person experiences this kind of stress. Acute stress is a laundry list of the things we must do or a list of the things that didn't go right. For example, if your car breaks down on the way to the post office, this creates a certain amount of acute stress, but once the car is fixed there is no stress associated with it.

Episodic acute stress is a more serious form of acute stress. In this type of stress, the person feels stress on a daily basis and rarely gets relief. Unlike acute stress, where there may be one or two busy, stressful days, episodic acute stress happens on a daily basis. The person who suffers from episodic acute stress feels stressed constantly with little relief. You have probably met these people. They may constantly complain about how much work they have and may be constantly late or always in a rush and may be anxious and irritable on a regular basis. Often, a person who suffers from this type of stress may have taken on too much and created self-imposed demands.

Chronic stress is the type of stress that happens month after month, year after year. This is long-term stress where people see little way out of a situation. Sometimes, chronic stress begins with traumatic experiences such as Post Traumatic Stress Disorder (PTSD) or childhood experiences. In others, chronic stress can occur in response to everyday stressors that are ignored or not managed well. For example, someone may have episodic acute stress, but over a long period of time, this can become chronic stress. With this type of stress, the person has given up looking for solutions to the stress and tends to just live with it. For example, consider a couple who is very unhappy in their relationship. While at one point in time in their relationship they may have experienced acute stress when arguing, this could have turned into episodic acute stress as the arguing occurred more frequently. Then when that type of stress was unrelieved for a long time, it became chronic stress. It becomes chronic because the couple took no steps to repair their relationship.

We tend to think of all stress as negative, but as Seyle pointed out in his early research, some types of stress can actually cause us to challenge ourselves and work at a higher level. For example, if you want to run a marathon, at some point you may have to physically challenge yourself to keep running even when you are exhausted. This type of stress—positive stress to help us achieve at a higher level—is called eustress. It can motivate us to reach goals. For example, we may experience eustress before a job interview. This eustress can be positive if it helps us achieve

success in the interview. Some people may view positive stress as negative stress and vice versa. For example, if I were told I needed to run a marathon, this would most definitely create negative stress for me. However, for others, this might be an enjoyable experience that generates eustress.

The Human Function Curve, originally developed by Peter Nixon, says there are different levels of stress that we may experience and our stress level affects our level of performance. He calls any state where we are awake and reacting to stimuli an arousal state, such as being at work. If we compare the amount of stress to our performance, our performance actually improves when we experience eustress. However, according to this model, there is a point where chronic stress can impede our performance.

Another important thing to remember about stress is that it varies from one person to another. One person may feel intense acute stress when asked to give a speech in front of the class, while someone may feel eustress if asked to give the same speech. Likewise, it may take one person much longer—and more stress than another—to reach the C zone of performance. When dealing with stress, finding the ideal stress level—the one that creates eustress and gets you ready for challenges—is the goal.

1.2.1 Symptoms of Stress:

Our bodies go through a number of changes when we are faced with a stressor. From prehistoric times, physical changes in our body had to occur in order to prepare us to handle the stress. For example, we needed to be able to run fast to get away from something that could hurt us or we needed the energy to obtain food. This is called the fight or flight response. This concept was developed by Walter Cannon in the 1920s, and he believed that these reactions in the body enabled us to mobilize to deal with a stressful situation. More recent research has shown the addition of "freeze" to the response. This occurs when the fight or flight response didn't work—or we were unable to react quickly enough to fight or flight, and we "play dead" or become immobilized. This response is as natural as fight or flight in our body chemistry. Consider the person attacked by a bear who plays dead and survives. The person couldn't run (flight) and couldn't effectively fight against the bear, so the freeze reaction (or the "do nothing," play dead) reaction can sometimes work. We use the

freeze reaction in response to stress triggers at work. For example, we can't just leave (flight), as we typically need the job to pay our bills; it also may not be worth it to fight, so we freeze in response to the situation. Although this is an oversimplification of the body's chemistry, it illustrates the point that the flight-fight-freeze response is actually a very prehistoric event. Today, even though our stresses may be different, our body still reacts the same way as it did in prehistoric times. To fully understand how stress impacts us, we need to understand how our bodies handles stress.

According to a survey of the American Psychological Association, 44 percent of Americans lie awake at night because of stress. This is one example of how prolonged episodic stress can affect our personal life and our productivity at work. It is a positive thing for our body to get ready for acute stress. It prepares our body to perform at a higher level. However, long-term chronic stress or episodic acute stress can cause a variety of problems. Those problems are listed in Table 1.1 "Common Effects of Stress on Our Bodies, Moods, and Behaviors".

Table 1.1 Common Effects of Stress on Our Bodies, Moods, and Behaviors

On Your Body	On Your Mood	On Your Behavior
Headache	Anxiety	Overeating or undereating
Muscle tension or pain	Restlessness	Angry outbursts
Chest pain	Lack of motivation or focus	Drug or alcohol abuse
Fatigue	Irritability or anger	Tobacco use
Disinterest in things we normally enjoy	Sadness or depression	Social withdrawal
Stomach upset		
Sleep problems		

Source: Mayo Clinic Staff, "Stress Symptoms, Effects on Body, Feelings and Behavior," February 19, 2011, accessed February 16, 2012, http://www.mayoclinic.com/health/stress-symptoms/SR00008_D.

In the 2011 American Psychological Association Stress survey, American Psychological Association, 42 percent of Americans report anger as a result of stress, while 37 percent report fatigue as a result of stress. Lack of interest, motivation, and energy is reported by 35 percent of Americans. Digestion issues and changes in appetite are also reported. With these being fairly common occurrences, we can see the importance of learning how to manage stress. These symptoms can affect our ability to communicate well and be productive at work. If we do not get enough sleep, we lose interest and motivation and we are not our best at work, which can result in poor human relations with our coworkers, friends, and family.

1.2.2 Sources of Stress:

Stress can shut down our ability to think rationally and feel emotions. As you know these two abilities are part of emotional intelligence (self-management and self-awareness). These abilities allow us to identify and then manage our emotions. When we identify our stressor and our emotion around that stressor, we can begin to make plans on how to handle it. Without the ability to identify this emotion, we are not as well equipped to handle the emotions that may come with stress. Without these stress-management skills, we can let our stress get out of control. When stress occurs, the shutting down of our emotions doesn't allow us to make rational decisions, nor does it allow us to be emotionally available to others. Because of this, stress can affect our ability to communicate and work effectively with people at work. People who are stressed often are impatient, poor listeners, and may lose their sense of humor. These temporary behaviors that occur when we are stressed can impact how others see us, and how well we interact with them. Also consider the effect stress may have on our ability to manage conflict. If someone is stressed about day-to-day frustrations, such as traffic, bills, workload, and to-do lists, the stress does not allow him or her to manage conflict, as emotions are in a state of confusion. This can lead to poor decision making and thus result in the inability to interact effectively with others. Everyone has stress in both their personal and professional lives. Learning how to manage this stress is one of the first steps in making sure we are mentally prepared to nurture our relationships at work and at home.

As we know, we can experience a number of possible stressors. We can divide these stressors into personal stresses and work stresses. Although we divide them for purposes of ease, it is intuitive that if someone is experiencing personal stress, he or

she will also experience it at work, which will result in lessened workplace performance. In fact, the American Institute of Stress estimates that workplace stress costs companies $300 billion annually. This cost is a result of increased absenteeism, employee turnover, and higher medical and insurance costs due to stress related illness and worker productivity.

According to the American Institute of Stress, The American Institute of Stress, "**Stress in the Workplace**," accessed some of the common causes of workplace stress include the following:

1**. Long hours and increased demands:** The average American works forty-six hours per week. Much of this is due to increased technology and expectations that employees will be available to answer e-mail on weekends and evenings. As a result of this added work time, employees find less time to engage in leisure and household activities such as grocery shopping and cleaning.

2. Being treated unfairly: Workplace issues such as harassment and bullying can cause people to feel stress at work. Additional issues such as feeling overlooked for promotions can also cause workplace stress. In extreme cases, perceived workplace unfairness can result in violence. For example, Matthew Beck shot and killed four supervisors in a Connecticut lottery office because he felt he had been unfairly overlooked for a promotion. Many organizations offer Employee Assistance Programs that can offer services, such as counseling, to help deal with workplace stress and other personal issues.

3. Little or no acknowledgment or reward: People can feel stress when they do not feel they are being recognized for the work they do. This kind of workplace stress can cause people to become withdrawn, unmotivated, or unfocused on being productive for the organization. This type of behavior can also materialize at home with people experiencing this stress being more irritable, cranky, and moody. At work, these feelings can negatively affect our ability to relate to our coworkers and manager.

4. Lack of control: Micromanagement refers to excessive control of work details by a supervisor. For example, a micromanager might tell an employee specific tasks should be worked on in a given day and give specific instructions on how those tasks should be accomplished. This type of situation can create stress, as the employee feels he or she has little control of their own work.

5. **Lack of job security:** In the last quarter of 2011 (October, November, December), 266,971 employees were subjected to mass company layoffs, and for obvious reasons, this creates stress upon the workers who had to leave and for those workers who stay. Those workers who have been laid off may experience financial hardship, and the workers who haven't been laid off may need to perform extra work and can suffer from physiological issues even if their jobs were not eliminated. This phenomenon is called layoff survivor syndrome. Many of the stressors caused by layoffs can include increased workloads, increased anxiety, and lower morale.

6. **Office politics:** Dealing with difficult coworkers or supervisors and different personalities and communication styles can create stress at work. Conflicts, disagreements, and misunderstandings are common in today's workplace, especially with the use of technology. All of these factors, which we call office politics, can create stress, which results in lost sleep, productivity, and motivation—obviously affecting our ability to relate to others.

1.2.3 Personal Stress:

While job stress is important to consider, stresses in our personal life can cause issues in our job. In this section, we will discuss some of the major personal stressors.

1. **Everyday challenges:** Getting caught in traffic or a leaky water heater would be examples of things that cause stress in our personal lives. Luckily, most of us have the abilities to cope with these daily stresses. However, too many of these types of stressors in one day can build up and cause major issues at work or in our personal life.

2. **Personality:** Our individual personalities can impact our ability to handle stress. Research published by Meyer Freidman in the 1950s characterized two main personality types, type A and type B. People with a type A personality tend to be more time conscious, impatient, and preoccupied with tasks. A Type A Behavior Pattern (TABP) is characterized by impatience, aggressiveness, a sense of time urgency, and the desire to achieve recognition and advancement. People with a type A pattern may have a hyperawareness of time and, as a result, perform tasks quickly. Because of these patterns, the person with TABP may feel constantly rushed as they strive to be constantly competitive, causing stress and related health issues. Type A personalities are not viewed as a fixed trait but rather a set of predispositions that may

occur in certain situations only. For example, Amiee may exhibit a type A personality at work but at home may not be as time sensitive and impatient. Type B personalities are more focused on the here and now and are much more laid back. Type B personalities do not normally experience as much stress as their type A counterparts because their viewpoint on time and achievement is different.

3**. Work-life balance:** Everyone must manage multiple roles in their life. The roles of mother or father, boss, employee, spouse, sister, or brother have their own unique demands that can create stress at home and at work. When we have challenges at work, this can affect our roles at home and vice versa. Although many organizations promote a work-life balance and create a culture that allows people to have a "home life," easy access to send that "one last e-mail" at 9 p.m. for work creates a blurred line between home and work. This creates an even greater need for our emotional intelligence skills (self-awareness and self-management) in that we must be aware of our emotions and handle them when they come—rather than just going about our day and plowing ahead.

4. Life changes: There are forty-three life changes that are characterized as creating stress. These life changes are measured on a scale called life change units, created by Thomas H. Holmes and Richard Rahe. The life changes are said to cause stress in one's personal life. However, personality type and situational factors may affect how much a particular event affects a person. For example, suppose a major life change such as the death of a spouse occurs. This would cause an immense amount of stress, but assume the spouse was very ill for a long period of time. In this situation, the latter could have caused stress as well. So while the scale has value in terms of determining what life changes cause the most stress, it is also important to consider the other factors around the life change, along with a person's personal coping ability.

5. Financial issues: Tough economic times, combined with increasing costs of fuel and other living expenses, create great stress on individuals and families. Not having enough money to buy basic needs and lacking the ability to buy the wants we have can lead to anxiety, tension, and depression. These emotions can carry over into our work life, resulting in lowered productivity and lowered human relations with our coworkers.

6. Friends and family issues: Challenges with family, in-laws, and friends create a great source of stress as well. While most of us depend on friends and family for support, tension and disagreements can cause stress.

Parents are the primary source of social and emotional development in infancy, early, and middle/late childhood. The socialization practices of parents influence whether their child will develop social competence. Parenting style captures two important elements of parenting: parental warmth/responsiveness and parental control/ demanding. Parental responsiveness (warmth or supportiveness) refers to "the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children's special needs and demands."Parental demanding (behavioral control) refers to "the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys." Categorizing parents according to whether they are high or low on parental demanding and responsiveness creates a typology of four parenting styles: indulgent/permissive, authoritarian, authoritative, and indifferent/uninvolved. Each of these parenting styles reflects patterns of parental values, practices, and behaviors and a distinct balance of responsiveness and demanding.

Parenting style contributes to child well-being in the domains of social competence, academic performance, psychosocial development, and problem behavior. Research based on parent interviews, child reports, and parent observations consistently find that:

- Children and adolescents whose parents are authoritative rate themselves and are rated by objective measures as more socially and instrumentally competent than those whose parents are non-authoritative.
- Children and adolescents whose parents are uninvolved perform most poorly in all domains.

Other factors that contribute to social competence include teacher relationships, peer groups, neighborhood, and community.

1.2.4 Stress among Adolescents:

Majority of the adolescent undergo stress, whatever the sources may be internal or external it hampers the major functioning of the body. Most of the youngsters face multiple problems in their life. Each individual has to cope with different kinds of pressure laid down by the society and family. On the verge of coping those pressures, an individual himself unconsciously frames a net and is caught in the same.

Parent's expectation, sibling's rivalry, status issues, financial issues. Most of the youngsters confront with these issues in which some problems are actually genuine and some are self-created. Youngsters need to reduce their level of expectations. These people build unreasonable expectation from their life. Most of the students are pseudo they keep their own self in a rosy world and when they are confronted with the actual situation, they are unable to handle and thus it throws them to a stressful situation.

Most of the youngsters are reluctant to share their problems with their parents this leads to depression and stress. Stress and depression are the serious problems for a youngster. Stress is categorized by feelings of tension, frustration, worry, sadness and withdrawal, which commonly last for few days. Depression is both severe and longer lasting. Depression is characterized by more extreme feelings of hopelessness, sadness, isolation, worry, withdrawal and worthlessness that last two weeks or more.

1.2.5 Common Problems faced by the Adolescents:

1. Break up with boy/girl friend
2. Increased arguments with parents
3. Trouble with brother or sister
4. Increased arguments between parents
5. Change in parents' financial status
6. Serious illness or injury of family member
7. Trouble with classmates
8. Trouble with parents

Home and school are the centers of these problems. Most of the conflicting issues arise because of the fear of loss of friends, parents. They become entangled in the grip of insecurity. Most of the time they have this fear that if they are not able to meet expectations of their near and dear ones then he or she will loose them. The additional burden of general expectations of parents, friend's teachers etc stress the youngster and when confronted with failure hurts their self-esteem. Youngsters set up unrealistic goals for their own self.

Most of the youngsters are overambitious they set up unrealistic goals for their own self. They want to attain those things in their life, which are not possible through their present financial status. Youngsters compare them self with their friends whose parents are financially well and feel inferior. If their friends carry cell phone then they also want to use cell phone even if they cannot afford it. When the parents show disapproval on this front then youngsters become aggressive.

Youngsters are not able to handle relationships problems. Most of the time they make boyfriends and girlfriends just to please their friends. They get involved in a useless controversy, which again adds to the level of stress. These issues they are not able to discuss with their parents and thus keep cribbing over it. Most of the youngsters want to show their grandeur to their opposite gender.

Parents are generally unable to develop a friendly relationship with their child. Young people will keep on having problems and they will have to learn at their own pace, how to cope with them. However, it is imperative for parents and helping adults to be aware of the factors that put a youth at a particular risk, especially when stressful events begin to accumulate for these vulnerable individuals.

Most of the youngsters hide their problems from their parents. Youngsters want to watch diverse things in Television which parents consider it crap.

1.2.6 Reasons of Stress in Adolescents in a family:

- History of depression and/or suicide in the family
- Alcoholism or drug use in the family
- Sexual or physical abuse patterns in the family
- Chronic illness in oneself or family

- Family or individual history of psychiatric disorders such as eating disorders, schizophrenia, manic-depressive disorder, conduct disorders, delinquency
- Death or serious loss in the family
- Learning disabilities or mental/physical disabilities
- Absent or divorced parents; inadequate bonding in adoptive families
- Family conflict; poor parent/child relationships

- Change in Personality Traits

Personality traits, especially when they change dramatically, can signal serious trouble. These traits include:

- Impulsive behaviors, obsessions and unreal fears
- Aggressive and antisocial behavior
- Withdrawal and isolation; detachment
- Poor social skills resulting in feelings of humiliation, poor self-worth, blame and feeling ugly
- Over-achieving and extreme pressure to perform
- Problems with sleeping and/or eating

- Psychological & Social Events

Psychological and social events contribute to the accumulation of problems and stressors. These are:

- Loss experience such as a death or suicide of a friend or family member; broken romance, loss of a close friendship or a family move
- Unmet personal or parental expectation such as failure to achieve a goal, poor grades, social rejection
- Unresolved conflict with family members, peers, teachers, coaches that results in anger, frustration, rejection
- Humiliating experience resulting in loss of self-esteem or rejection

- Unexpected events such as pregnancy or financial problems Predispositions, stressors and behaviors weave together to form a composite picture of a youth at high risk for depression and self-destructive behavior
- Death or serious loss in the family
- Learning disabilities or mental/physical disabilities
- Absent or divorced parents; inadequate bonding in adoptive families
- Family conflict; poor parent/child relationships

1.2.7 Causes of Stress:

Stress arises when a situation is perceived as stressful. Stress is often associated with situations that you find difficult to handle. How you view things also affects your stress level. If you have very high expectations, chances are that you will experience more than your fair share of stress.

Stress may be linked to external factors such as:

- the state of the world, the country, or any community to which you belong
- unpredictable events
- the environment in which you live or work
- work itself
- family

Stress can also come from your own:

- irresponsible behaviour
- poor health habits
- negative attitudes and feelings
- unrealistic expectations
- perfectionism

The issues that create stress are termed as stressors. There are two kinds of stressors, viz. -

• **External Stressors** - physical environment; social interaction with people; life events which you have no control over (death in the family)

• **Internal Stressors -** personal lifestyle choice; personality traits; Individual thought process (negativity, over-analyzing, etc.)

External Physical Stressors include unpleasant environmental conditions such as pain, hot or cold temperatures, infections or inflammation. External psychological Stressors are such things as poor working conditions or abusive relationships.

Internal psychological stressors include intense worry about money, a relationship problem or your self-image. Internal psychological stress can often be the most harmful because there is frequently no resolution to the stressful situation. These stressors are anxieties about events that may or may not happen, and thestress response continues to be active as long as you are worrying about it. Continuous stress is not good for your health.

Stressors can also be defined as short-term (acute) or long-term (chronic).

Acute Stress:

Acute stress is the reaction to an immediate threat, commonly known as the fight or flight response. The threat can be any situation that is experienced, even subconsciously or falsely, as a danger. Common acute stressors include – Noise, Crowding, Isolation, Hunger, Danger, Infection and Imagining a threat or remembering a dangerous event

Under most circumstances, once the acute threat has passed, the response becomes inactivated and levels of stress hormones return to normal, a condition called the relaxation response.

Chronic Stress:

In day-to-day life a person faces different stressful situations, which are not short lived. The stress becomes chronic when an individual tries to suppress it.

Common chronic stressors include - Ongoing highly pressured work, Long-term relationship problems, Loneliness and Persistent financial worries

1.2.8 Stress Sources in Life

Stress is often a complex and complicated issue and understanding your own stress experience can be confusing. Yet it is most important that in developing stress

management and stress relief techniques, that you understand the possible sources of your stress in your life?

Sources of Stress and the Results

The origination or root of your stress can involve a range of different sources. Understanding where your stress is coming from can help you in coping with stress, reducing your stress and even relieving stress for you. For those professionals working to help you in managing stress, knowing the sources of your stress is a very powerful starting point to stress treatment and developing stress techniques.

Six Main Stress Sources:

Although there are a variety of sources of stress in people's lives, many people look for stress help in dealing with predominantly six main sources of stress.

Here is a quick overview and summary of each of the six main sources of stress:

• environmental stress

• social stress

• organizational stress

• physiological stress

• psychological stress

• significant events stress

1. Source One – Environmental Stress

The first source of stress, strain and hassle in your life, can be that of environmental stress. This type of stress relates to those aspects of your environment and surroundings that are causing you stress. For example, living next to a noisy, busy street may result in you exhibiting stress symptoms and stress effects.

2. Source Two – Social Stress

A second major source of stress is called social stress. This relates to the stress involved in interacting, socializing and communicating with other human beings. It revolves around your relationship with other people. Some of these social interactions and relationships can be very stressful and tension filled experiences in your life. Others can be enjoyable and positive types of social stress and social interaction.

3. Source Three – Organizational Stress

All of us engage with, belong to and are often employed by an organization. This can result in organizational stress. Some experts in stress management and stress relief treatment discuss this stress source under the areas of environmental or social stress. For others, it warrants a category of its own, since organizations of all types play an important role in our lives. Most often this source of stress is associated with work stress and job stress. It often involves the demands and pressures placed upon you by the organization, business or group for which you work. However, it also involves any organization with which you interact including the local government organizations, clubs, associations and more.

4. Source Four – Physiological Stress

A fourth source of stress is physiological stress. This relates to how your physiology, your body reacts and responds to stressful situations. It is often discussed as physical stress and in relation to the physical stress symptoms you exhibit. For example, take a moment and think of a time when you have felt fearfulness, nervousness or trepidation. Now remember some of your bodily reactions to that stressful situation. These responses by your body are aspects of your physiological response to stress.

5. Source Five – Psychological Stress

This fifth source of stress is psychological stress and involves the power of your own mind in how you think, rationalize and make meaning of your stress, hassles and worries. It is about how your brain, your psyche, your mind thinks about the stress in your life. It is often spoken of as emotional stress or mental stress and involves powerful feelings and emotions.

6. Source Six – Significant Events Stress

This sixth and final source of stress revolves around critical incidents and significant events in your life. It is often known as significant events stress. Now not all stress is bad and there are significant events that may occur in your life that result in positive stress. Examples of this could be your high school graduation, wedding or winning a sporting event. However, there are also significant events that involve negative stress. Often these are referred to as critical incidents in your life. These can involve a major single significant incident such as a serious accident, a physical or sexual assault, etc. Such events involve a very high degree of stress and anxiety. They are often

associated with continuing trauma after the event, often referred to as post-traumatic stress disorder (PTSD).

1.3 PERSONALITY CHARACTERISTICS

1.3.1 Personality

An individual's personality is the combination of traits and patterns that influence their behavior, thought, motivation, and emotion. It drives individuals to consistently think, feel, and behave in specific ways; in essence, it is what makes each individual unique. Over time, these patterns strongly influence personal expectations, perceptions, values, and attitudes.

Every person born with unique personality. Our personality develops through circumstances and other people. Each student has his/her own individual traits and personalities.

The term personality represents the overall profile or combination of characteristics that capture the unique nature of a person as that person reacts and interacts with others and how he views himself. Personality combines a set of physical and mental characteristics that reflect how a person looks, thinks, acts, and feels. An understanding of personality contributes to an understanding of organizational behaviour in that we expect a predictable interplay between an individual's personality and his or her tendency to behave in certain ways.

1.3.2 Definitions of Personality

According to Allport (1937) "Personality is dynamic organization within the individual of those psychophysical system that determine his unique adjustment to his environment."

Allport revised definition of personality "Personality is dynamic organization within the individual of that psychophysical system that determine his characteristics behaviour and thought.

Pervin (1996) defines that personality is the complex organization, affects, and behaviours that gives direction and pattern to the person's life. Personality includes the effect of past, including memories of the past, as well as construction of the present and future.

Personality develops in a social context, and it finds expression in social tasks. The life span approach to development emphasizes that some of these tasks are particularly important at certain stages of life and provide a focus for continued personality growth.

Recent studies also, highlighted the importance of environmental factors on the development of personality characteristics. The shared family environment influences some area more than others. Relatively strong influences are found for conservatism and religiosity (Loehlin, 1987). Family environment also influences whether siblings develop common interests, such as an interest in music (Hoffman, 1991). Siblings who grow up together tend to be more different from one another than those who do not share an environment. Dependency is one such characteristic; a variety of factors including birth order and illness, work to make one sibling the dependent one and to prevent the expression of dependency in the other (Hoffman, 1991).

1.3.3 The Big Five Model of Personality

Effective personality typologies reveal and increase knowledge and understanding of individuals, as opposed to diminishing knowledge and understanding as occurs in the case of stereotyping. Effective typologies also allow for increased ability to predict clinically relevant information about people and to develop effective treatment strategies (Totton and Jacobs (2001).

There is an extensive literature on the topic of classifying the various types of human temperament and an equally extensive literature on personality traits or domains. These classification systems attempt to describe normal temperament and personality and emphasize the predominant features of different temperament and personality types.

The big five model has been distinguished from the five factor model by John and Robins (1993). The big five personality traits are five dimensions of personality. The traits that make up the big five structure are openness, conscientiousness, extraversion, agreeableness and neuroticism. They are also known as OCEAN or CANOE model of personality. Every factor consists of number of more specific traits.

The big five traits have been researched and validated by many different psychologists. (W.T. Norman 1963, McCra and Costa 1987 & Egan 1989, L.R. Goldsmith 1990 and Sinclair 1992) Trait theory on which many of our occupational questionnaires are based, stats that by the time, our personality traits become more fixed and are thus capable of being reliably measured. Five factor model of personality is hierarchical organization of personality traits in term of five basic dimensions.

Openness: Appreciation for art, emotion, adventure, unusual, ideas, imagination, variety of experience, and curiosity.

Conscientiousness: Self-discipline, act dutifully and aim for achievement planned behaviour.

Extraversion: Surgency, tendency to find stimulation, company of others, positive emotions and energy.

Agreeableness: A tendency to compassionate and cooperative rather than suspicious and antagonistic towards others.

Neuroticism: A tendency to experience unpleasant emotions easily like anger, anxiety, depression.

Explanation of these five factors in detail

- **Openness:** This factor describes imaginative, creative personality. These people are intellectually curious, appreciative of art and sensitive about beauty. They are more aware of their feelings. People with low score on openness have narrow common interests. They prefer the pain, straight forward and obvious over the complex, ambiguous and subtle. They may regard the art and science with suspicious, regarding these endeavours as abstruse or of no practical use. Closed people preferred familiarity over novelty, they are conservative and resistant to change. These people are more mature, open and styles are useful in different environment. Example: The intellectual style of open person may serve a professor well and closed style of person may be related to superior job performance in police work, sales, and the service which require a minimum critical processing.
- **Conscientiousness:** Conscientiousness refers to goal directed behaviour. High consciousness person who focuses intensely on his/her goals and exhibit the

self-discipline associated with such focus. Low conscientiousness refers to one who is disorganized and districted. It is related the way in which we control regulate and direct our impulses. Impulses are occasionally time constraints require a snap decision and action on our first impulse can be an effective response. Impulsive people can be seen by other as colourful, fun-to-be with zany. Achievement factor also include in conscientiousness. These people avoid trouble and achieve high levels of success through purposeful planning and persistence. They are intelligent and reliable. They can be compulsive perfectionist and workaholics.

- **Extraversion:** Extraversion refers the number of relationship with which one is comfortable. High extraversion means large number of relationships and large proportion of one's time spent in enjoying them. Low extraversion means smaller number of relationships and smaller proportion of one's time spent in pursuing those relationships. Extraversion people enjoy being with others, they are full of energy and experiences positive emotions. They tend to be enthusiastic, action-oriented individuals who are likely to say 'yes' 'of course' let's go, to opportunities for excitement. When they are in group they like to talk, assert themselves. They gain energy by associating with others and loses energy when they are alone. On the other hand introverts lack of energy, activity level and exuberance. They tend to be quite, deliberate and less dependent on the social world. They simply need less stimulation than extroverts and more time alone. They gain energy from doing individual activities like watching movies reading.
- **Agreeableness:** Agreeableness refers to one's general interpersonal orientation. High agreeableness person reacts to others with warmth and will bend to avoid conflict. Low agreeableness describes one who, in the extreme, only follows one's inner voice regardless of hurting others. Agreeableness reflects individuals differences in concern with cooperate and social harmony. Agreeable people are considerate, friendly, generous, helpful and willing to compromise with others. These people give importance for attaining and maintaining popularity. Agreeableness is determined in situation that requires tough or obsolete objective decision. Disagreeable people place self-interest above getting along with others well-being. They are less likely to extend

themselves for other people. These people can be excellent scientists, critics, and soldiers.

- **Neuroticism:** It is known as emotional stability. It refers to the tendency to experience negative emotions and anxiety. Person with high emotional stability are less prone to experiencing negative reactions and person with low emotional stability are more prone to experiencing negative reactions. Neuroticism person may experience primarily on specific negative feeling such as anxiety, anger and depression. People high in neuroticism are emotionally reactive. They respond emotionally to the events that would not affect most people, their reactions tend to be more intense than normal people. Mostly they like to interpret ordinary situation such as threatening and minor frustration hopelessly difficult. Their negative emotional reactions tend to persist for unusual long periods of time. On the other hand low neuroticism persons are less easily upset and are less emotionally reactive. They are calm, emotionally stable and free from persistent negative feelings, but it doesn't mean that they experiences lots of positive feelings. Frequency of positive emotions is component of the extraversion domain.

1.3.4 Different approaches of personality

Personality psychology is the focus of some of the best known psychology theories by a number of famous thinkers including Sigmund Freud and B.F Skinner. In this section of the personality study guide, learn more about some of the major theories of personality and the psychologists who developed them.

a. Psychodynamic approach:

Sigmund Freud is founder of this approach. Main idea of behind the psychodynamic approach is the concept that only a small part of human mental activity is illustrated by conscious through. A large part of mental activity occurs at the preconscious and unconscious levels. According to Freud human mind is an iceberg, its only small part is visible and most part is hidden in the water. We all have three parts of human mind unconscious, subconscious and conscious mind. Unconscious activities are more important, these are largely storage of instinctive urges, all desires, needs and thoughts of which the person is not aware of it. The sub-

conscious part of mind which consists of memories, thoughts forgotten for the present, which can be brought to the level of consciousness whenever desires. The conscious mind is a part of awareness, it consist thoughts, ideas which person is conscious about it.

Freud explains three parts of personality which based on three levels of mind (conscious, subconscious, unconscious) The Id, the Ego, and the super ego. Unconscious forces, which are accumulation of the sex and aggression are represented by Id. It seeks satisfactions of all desires that give him pleasure and pain avoiding principle. Conscious representative of rational thought is Ego. The ego works on a realistic principle. Ego develops through the child interaction with the external word. Ego is a place of our abilities, knowledge. It is a logical place of our mind. It helps to cope Id's demand and to conform to the society. Ego develops with the growth of the child and judge good and bad. The third aspect of personality is Superego. It developed by the child's experience. It represents the internalization of the society's and parent's prohibitions. Behaviour is determined by the interaction of these three personality parts. Sigmund Freud develops another concept defence mechanism. According to Freud there is positive and negative defence mechanism. Positive such as sublimation, reaction etc. and negative such as projection, displacement etc.

b. The Behaviour Approach:

The behaviour approach has shaped the course of personality Psychology, its roots in the experimental laboratory. These researchers were primarily concerned with the scientific and understanding of the learning process. They assume that most behaviour is acquired or learned, and the task of psychologist is to specify the environmental conditions responsible for producing behaviour (Ryckman 1985, p-293).Behaviourists tend to focus on observable behaviour. Some behaviourists are also skeptical about the existence of trait. The early behaviourists John Watson and B. F. Skinner and their modern descendants, the social learning theorists Julian Rotter, Walter Mischel and Allport Bandura share some views on personality theory. They believed that rather than developing a personality you merely learn how to behave in a variety of situations. They don't agree, on the role of thinking and knowledge in shaping a person's behaviour. Skinner and Watson believed that thinking and knowing is not proper subject for the science of psychology. On the other hand Rotter,

Mischel and Bandura, argue that thinking and knowing are necessary to explain much of our social behaviour.

c. Early Behaviourist theories of personality

Watson and Skinner believed that we behaved in a given situation was largely due to our learning experiences in similar situations in the past; the ways we act in different situations are learned. This happens through the process of operant and classical conditioning. Reinforcement, shaping, extinction, generalization and discrimination all play a role in learning process. Doller and Millers gave most important contribution in symptoms of emotional disturbance. They argued that these symptoms are learned in the same way that other behaviours are rewarded with attention of other people, these behaviours will occur more.

Social learning theory- Rotters, Mischel and Bandura. Social learning theory grew out of Skinner's behaviourist theory. Social learning theorists disagree with skinner on the role of mind personality; they agreed that much of personality is learned. Julian Rotter, Walter Mischel and Allport Bandura all tried to bring social and cognitive factors into their theories of personality. They recognized the importance of the behaviourists ideas about how personality influenced by learning. For this reason, they are called social learning theorists.

Julian Rotter was a student of Alfred Adler, but was also influenced by the early earning theorists (Mosher 1968). Rotter's most important contribution to social learning theory is his idea of locus of control. According to Rotter, people can be understood on the basis of how they perceived reinforcing events. (Mischel, Shoda, Smith 2004) Some people see reinforcing events as being due mainly to their own actions. Rotter called these people "internals". Internals see the controlling forces of their lives as being inside them. Other people see rewards as punishment as beyond their control. These "Externals" tend to think that life is something that just happens to them. They see their rewards and punishment as the result of luck, fate or powerful others.

Walter Mischel tried to bridge the gap between a numbers of different personality theories. Michel's (1968) classic study showed that people's personalities varied depending on what situation they were in. At first, he thought that person's behaviour was completely determined by the situation. After several years of

research, he come to believe that in explaining behaviour, we needed personal variables and situational variables (Michel 2003) Personal variables are the characteristics of person such as traits. Situational variables refer to the person's immediate environment. Mischels view has been called an integrationist one because it stressed the interaction of both personal and situational variables. Sometimes it's described as the interaction of traits and states. Mischel felt that cognitive factors had to be included in any explanation of human behaviour. He thought that persons behaviour depends on their inherited temperament, skills and talents, they acquired in the past. He also felt that person's perception, expectation, and plans played a role in determining their behaviour.

Albert Bandura believed that behaviour is caused by an interaction between traits and states. According to him cognitive factors plays important role in causing behaviour. Cognition, behaviour and environmental factors these three factors interact in complex ways to produce behaviour. Each factor influences others. This is called as reciprocal determinism. Bandura believed that much our behaviour is learned by watching and imitating others. He called the process modelling.

d. Humanistic Personality theory

Humanists think that Freud's view of human nature is far too negative. They argue that he only looked at unhealthy people while making up his theories. The humanistic believed any theory of human nature should base on looking at healthy, well-adjusted people. They believe that we have free will. That means we can choose how we will behave in many situations. The humanists look at the person's own feelings and sense of self. This approach is often called phenomenology. The humanistic think personality is the collection of value, decision, and spiritual concerns each has inside.

Carl Rogers conceptualized that increasing awareness of true feeling causes the self-concept to become more congruent with the total experiences of the individual. He focused on what person considered an innate motivation for actualizing tendency. Rogers identified the need for positive regard, means treating someone with kindness, love and respect. Rogers says that, human need positive regard to be normal and healthy. Roger's this concept is related to the concept of social self. Rogers

believed that true self consists of all characteristics that the individual sees as belonging to him alone.

Abraham Maslow (Hoffin, 1988) believed that people progressed through a series of steps towards self-actualization. At a top of Maslow's hierarchy of needs is the need for self-actualization. This is the desire to go beyond just meeting our basic needs. It includes curiosity about our world and us. Maslow studied characteristics of self-actualized people. He concluded that actualizes have more accurate perception of reality than do non actualizes. They are more capable of perceiving the truth and seeing dishonesty and fakery in others. They are less affected by prejudice and stereotypes (Maslow, 1970). Actualizes have a greater appreciation of themselves and of nature. They also sleep and eat well. The objectives of Maslow's theorizing was to establish a scientific ethic, a natural value system, a core of ultimate appeal for the determination of good and bad, of right and wrong (Maslow 1968, p-4). According to Maslow and other humanist, it is possible to specify a universal set of value that will provide a moral anchor so people will be able to decide what is right or wrong and good and bad. These values, rooted in the individuals in the individual's biology, would allow people to make moral decisions by looking inside themselves instead of relying on the judgement of society.

1.3.5 NEUROTICISM

Neuroticism is one of the Big Five higher-order personality traits in the study of psychology. Individuals who score high on neuroticism are more likely than average to be moody and to experience such feelings as anxiety, worry, fear, anger, frustration, envy, jealousy, guilt, depressed mood, and loneliness. People who are neurotic respond worse to stressors and are more likely to interpret ordinary situations as threatening and minor frustrations as hopelessly difficult. They are often self-conscious and shy, and they may have trouble controlling urges and delaying gratification.

Individuals who score low in neuroticism tend to be more emotionally stable and less reactive to stress. They tend to be calm, even-tempered, and less likely to feel tense or rattled. Although they are low in negative emotion, they are not necessarily high on positive emotion. Being high in scores of positive emotion is generally an

element of the independent trait of extraversion. Neurotic extraverts, for example, would experience high levels of both positive and negative emotional states, a kind of "emotional roller coaster".

A 2013 meta-analysis found that a wide range of clinical mental disorders are associated with elevated levels of neuroticism compared to levels in the general population. It found that high neuroticism is predictive for the development of anxiety disorders, major depressive disorder, psychosis, and schizophrenia, and is predictive but less so for substance abuse and non-specific mental distress. These associations are smaller after adjustment for elevated baseline symptoms of the mental illnesses and psychiatric history.

Disorders associated with elevated neuroticism include mood disorders, such as depression and bipolar disorder, anxiety disorders, eating disorders, schizophrenia and schizoaffective disorder, dissociative identity disorder, and hypochondriasis. Mood disorders tend to have a much larger association with neuroticism than most other disorders. The five big studies have described children and adolescents with high neuroticism as "anxious, vulnerable, tense, easily frightened, 'falling apart' under stress, guilt-prone, moody, low in frustration tolerance, and insecure in relationships with others," which includes both traits concerning the prevalence of negative emotions as well as the response to these negative emotions. Neuroticism in adults similarly were found to be associated with the frequency of self-reported problems.

These associations can vary with culture: for example, Adams (1995) found that among upper-middle-class American teenage girls, neuroticism was associated in eating disorders and cutting, but among Ghanaian teenage girls, higher neuroticism was associated with magical thinking and extreme fear of enemies.

People with high neuroticism indexes are at risk for the development and onset of common mental disorders, such as mood disorders, anxiety disorders, and substance use disorder, symptoms of which had traditionally been called neuroses.

Galen of Pergamon popularized the idea that mixes of four bodily fluids or humours resulted in four personality types or temperaments. The melancholic personality type, which can be seen as the conceptual predecessor of neuroticism, was characterized by being mentally unbalanced, fearful, anxious, or sad. According to

Hippocrates, it resulted from too much black bile. Modern scientific investigations have concluded that bile (or any dark fraction of blood) is not connected to temperament.

1.3.6 Definitions of Neurotism:

Neuroticism is a trait in many models within personality theory, but there is a lot of disagreement on its definition. Some define it as a tendency for quick arousal when stimulated and slow relaxation from arousal, especially in concern to negative emotional arousal; others define it as emotional instability and negativity or maladjustment, in contrast to emotional stability and positivity, or good adjustment. Others yet define it as lack of self-control, poor ability to manage psychological stress, and a tendency to complain.

Various personality tests produce numerical scores, and these scores are mapped onto the concept of "neuroticism" in various ways, which has created some confusion in the scientific literature, especially with regard to sub-traits or "facets".

Individuals who score low in neuroticism tend to be more emotionally stable and less reactive to stress. They tend to be calm, even-tempered, and less likely to feel tense or rattled. Although they are low in negative emotion, they are not necessarily high on positive emotion. Being high in scores of positive emotion is generally an element of the independent trait of extraversion. Neurotic extraverts, for example, would experience high levels of both positive and negative emotional states, a kind of "emotional roller coaster".

1.3.7 Measurement of Neurotic Personality:

Like other personality traits, neuroticism is typically viewed as a continuous dimension rather than a discrete state.

The extent of neuroticism is generally assessed using self-report measures, although peer-reports and third-party observation can also be used. Self-report measures are either lexical or based on statements. Deciding which measure of either type to use in research is determined by an assessment of psychometric properties and the time and space constraints of the study being undertaken.

Lexical measures use individual adjectives that reflect neurotic traits, such as anxiety, envy, jealousy, and moodiness, and are very space and time efficient for

research purposes. Lewis Goldberg (1992) developed a 20-word measure as part of his 100-word Big Five markers. Saucier (1994) developed a briefer 8-word measure as part of his 40-word mini-markers. Thompson (2008) systematically revised these measures to develop the International English Mini-Markers which has superior validity and reliability in populations both within and outside North America. Internal consistency reliability of the International English Mini-Markers for the Neuroticism (emotional stability) measure for native English-speakers is reported as 0.84, and that for non-native English-speakers is 0.77.

Statement measures tend to comprise more words, and hence consume more research instrument space, than lexical measures. Respondents are asked the extent to which they, for example, "Remain calm under pressure", or "Have frequent mood swings". While some statement-based measures of neuroticism have similarly acceptable psychometric properties in North American populations to lexical measures, their generally emic development makes them less suited to use in other populations. For instance, statements in colloquial North American English like "Seldom feel blue" and "Am often down in the dumps" are sometimes hard for non-native English-speakers to understand.

Neuroticism has also been studied from the perspective of Gray's biopsychological theory of personality, using a scale that measures personality along two dimensions: the behavioural inhibition system (BIS) and the behavioural activation system (BAS). The BIS is thought to be related to sensitivity to punishment as well as avoidance motivation, while the BAS is thought to be related to sensitivity to reward as well as approach motivation. Neuroticism has been found to be positively correlated with the BIS scale, and negatively correlated with the BAS scale.

Neuroticism has been included as one of the four dimensions that comprise core self-evaluations, one's fundamental appraisal of oneself, along with locus of control, self-efficacy, and self-esteem. The concept of core self-evaluations was first examined by Judge, Locke, and Durham (1997), and since then evidence has been found to suggest these have the ability to predict several work outcomes, specifically, job satisfaction and job performance.

There is a risk of selection bias in surveys of neuroticism; a 2012 review of N-scores said that "many studies used samples drawn from privileged and educated

populations". Trnka (2012) stated: "past empirical research has neglected the relationship of neuroticism and semantic perception of different emotions." And for this reason suggested in his research assess "the valence of 10 given negative emotions - disgust, anger, sadness, fear, contempt, hate, disappointment, jealousy, envy and guilt."

Neuroticism is highly correlated with the startle reflex. A measure of the startle reflex can be used to predict the trait neuroticism with good accuracy; a fact that is thought by some to underlie the neurological basis of the trait. The startle reflex is a reflex in response to a loud noise which usually people have no control over though anticipation can reduce the effect. The startle reflex is what you'd do the first moment after someone were to fire a pistol next to your ear. The strength of the reflex as well as the time until the reflex ceases predict neuroticism.

1.3.8 Neurotism in relation to Mental disorders:

Questions used in many neuroticism scales overlap with instruments used to assess mental disorders like anxiety disorders (especially social anxiety disorder) and mood disorders (especially major depressive disorder), which can sometimes confound efforts to interpret N scores, and makes it difficult to determine whether each of neuroticism and the overlapping mental disorders might cause the other, or if both might stem from other cause. Correlations can be identified

A 2013 meta-analysis found that a wide range of clinical mental disorders are associated with elevated levels of neuroticism compared to levels in the general population. It found that high neuroticism is predictive for the development of anxiety disorders, major depressive disorder, psychosis, and schizophrenia, and is predictive but less so for substance abuse and non-specific mental distress. These associations are smaller after adjustment for elevated baseline symptoms of the mental illnesses and psychiatric history.

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stress, guilt-prone, moody, low in frustration tolerance, and insecure in relationships with others," which includes both traits concerning the prevalence of negative emotions as well as the response to these negative emotions. Neuroticism in adults similarly were found to be associated with the frequency of self-reported problems.

These associations can vary with culture: for example, Adams found that among upper-middle-class American teenaged girls, neuroticism was associated with eating disorders and self-harm, but among Ghanaian teenaged girls, higher neuroticism was associated with magical thinking and extreme fear of enemies.

A 2004 meta-analysis attempted to analyze personality disorders in light of the five-factor personality theory and failed to find meaningful discriminations; it did find that elevated neuroticism is correlated with many personality disorders.

1.3.9 Factors causing Neurotic behavior:

(a) Genetic and environmental factors:

A 2013 review found that "Neuroticism is the product of the interplay between genetic and environmental influences. Heritability estimates typically range from 40% to 60%." The effect size of these genetic differences remain largely the same throughout development, but the hunt for any specific genes that control neuroticism levels has "turned out to be difficult and hardly successful so far." On the other hand, with regards to environmental influences, adversities during development such as "emotional neglect and sexual abuse" were found to be positively associated with neuroticism. However, "sustained change in neuroticism and mental health are rather rare or have only small effects."

In the July 1951 article : “The Inheritance of Neuroticism” by Hans J. Eysenck and Donald Prell it was reported that some 80 per cent of individual differences in neuroticism are due to heredity and only 20 percent are due to environment....the factor of neuroticism is not a statistical artifact, but constitutes a biological unit which is inherited as a whole....neurotic predisposition is to a large extent hereditarily determined.

In children and adolescents, psychologists speak of temperamental negative affectivity that, during adolescence, develops into the neuroticism personality domain. Mean neuroticism levels change throughout the lifespan as a function of personality maturation and social roles, but also the expression of new genes. Neuroticism in

particular was found to decrease as a result of maturity by decreasing through age 40 and then leveling off. Generally speaking, the influence of environments on neuroticism increases over the lifespan, although people probably select and evoke experiences based on their neuroticism levels.

The emergent field of "imaging genetics," which investigates the role of genetic variation in the structure and function of the brain, has studied certain genes suggested to be related to neuroticism, and the one studied so far concerning this topic has been the serotonin transporter-linked promoter region gene known as 5-HTTLPR, which is transcribed into a serotonin transporter that removes serotonin. It has been found that compared to the long (l) variant of 5-HTTLPR, the short (s) variant has reduced promoter activity, and the first study on this subject has shown that the presence of the s-variant 5-HTTLPR has been found to result in higher amygdala activity from seeing angry or fearful faces while doing a non-emotional task, with further studies confirming that the s-variant 5-HTTLPR result greater amygdala activity in response to negative stimuli, but there have also been null findings.

A meta-analysis of 14 studies have shown that this gene has a moderate effect size and accounts for 10% of the phenotypic difference. However, the relationship between brain activity and genetics may not be completely straightforward due to other factors, with suggestions made that cognitive control and stress may moderate the effect of the gene. There are two models that have been proposed to explain the type of association between the 5-HTTLPR gene and amygdala activity: "phasic activation" model proposes that the gene controls amygdala activity levels in response to stress, whereas the "tonic activation" model on the other hand proposes that the gene controls baseline amygdala activity. Another gene that has been suggested for further study to be related to neuroticism is the catechol-O-methyltransferase (COMT) gene.

The anxiety and maladaptive stress responses that are aspects of neuroticism have been the subject of intensive study. Dysregulation of hypothalamic–pituitary–adrenal axis and glucocorticoid system, and influence of different versions of the serotonin transporter and 5-HT1A receptor genes may influence the development of neuroticism in combination with environmental effects like the quality of upbringing.

Neuroimaging studies with fMRI have had mixed results, with some finding that increased activity in the amygdala and anterior cingulate cortex, brain regions associated with arousal, is correlated with high neuroticism scores, as is activation of the associations have also been found with the medial prefrontal cortex, insular cortex, and hippocampus, while other studies have found no correlations. Further studies have been conducted trying to tighten experimental design by using genetics to add additional differentiation among participants, as well as twin study models.

A related trait, behavioral inhibition, or "inhibition to the unfamiliar," has received attention as the trait concerning withdrawal or fear from unfamiliar situations, which is generally measured through observation of child behavior in response to, for example, encountering unfamiliar individuals. This trait in particular has been hypothesized to be related to amygdala function, but evidence so far has been mixed.

(b) Age, sex and geographic patterns:

A 2013 review found that groups associated with higher levels of neuroticism are young adults who are at high risk for mood disorders. Research in large samples has shown that levels of N are higher in women than men.

For sex, the same review found higher N (neuroticism) levels in women than men; it noted that no functional MRI studies have yet been performed to investigate these differences, calling for more research. A 2010 review found personality differences between genders to be between "small and moderate," the largest of those differences being in the traits of agreeableness and neuroticism. Many personality traits were found to have had larger personality differences between men and women in developed countries compared to less developed countries, and differences in three traits—extraversion, neuroticism, and people-versus-thing orientation—showed differences that remained consistent across different levels of economic development, which is also consistent with the "possible influence of biologic factors." Three cross-cultural studies have revealed higher levels of female neuroticism across almost all nations.

Geographically, a 2016 review said that in the US, neuroticism is highest in the mid-Atlantic states and southwards and declines westward, while openness to experience is highest in ethnically diverse regions of the mid-Atlantic, New England,

the West Coast, and cities. Likewise, in the UK neuroticism is lowest in urban areas. Generally, geographical studies find correlations between low neuroticism and entrepreneurship and economic vitality and correlations between high neuroticism and poor health outcomes. The review found that the causal relationship between regional cultural and economic conditions and psychological health is entirely unclear.

1.3.10 Neurotic Conduct:

Lots of people feel anxious from time to time. You might get a knot in your stomach before a job interview, stress about money, or fret if your child isn't home by curfew. It's a normal part of being human.

But what if your extreme worry doesn't go away? Negative or obsessive thoughts can take over your mind to the point that it's hard for you to handle everyday situations. That's called neurotic behavior. It can -- but not always -- stem from a mental illness.

Neurotic means you're afflicted by neurosis, a word that has been in use since the 1700s to describe mental, emotional, or physical reactions that are drastic and irrational. At its root, a neurotic behavior is an automatic, unconscious effort to manage deep anxiety.

In 1980, the American Psychiatric Association removed the term neurosis from its diagnostic manual as part of a revamp to standardize the criteria for mental illnesses. Today, neurosis is not a stand-alone mental condition. Instead, doctors most often put its symptoms in the same category as anxiety disorder. In other words, what used to be called neurosis now falls under the umbrella of anxiety.

The line that divides neurotic from normal is the intensity. Neurotic thoughts and behaviors by definition are so extreme that they interfere with your personal, professional, and romantic lives. What's more, they tend to be your default response to even minor problems

1.4 EMOTIONAL AND BEHAVIORAL PROBLEMS:

1.4.1 Emotion:

Emotion is, in everyday speech, a person's state of feeling in the sense of an affect. Scientific discourse has drifted to other meanings and there is no consensus

on a definition. Emotion is often intertwined with mood, temperament, personality, disposition and motivation.

Emotions are complex. According to some theories, they are a state of feeling that results in physical and psychological changes that influence our behavior. The physiology of emotion is closely linked to arousal of the nervous system with various states and strengths of arousal relating, apparently, to particular emotions. Emotion is also linked to behavioural tendency. Extroverted people are more likely to be social and express their emotions, while introverted people are more likely to be more socially withdrawn and conceal their emotions. Emotion is often the driving force behind motivation. Positive or negative. Gaulin, Steven J. C. and Donald H. McBurney (2003).

An alternative definition of emotion is a "positive or negative experience that is associated with a particular pattern of physiological activity (Schacter, *Daniel L. 2011).* According to other theories, emotions are not causal forces but simply syndromes of components, which might include motivation, feeling, behavior, and physiological changes, but no one of these components is the emotion. Nor is the emotion an entity that causes these components (Barrett, L.F. and Russell, J.A. 2015).

According to Young (1996) “Emotion is an acute disturbance of the individual as a whole physical in origin, involving behaviour, conscious experience and visceral functioning.”

According to Crow and Crow “It is an effective experience that accompanies generalized inner adjustment and mental and physiological stirred up states in the individual and that shows that in his overt behaviour.

1.4.2 Nature of Emotions:

Feelings and emotions are personal individual and subjective experience. Emotions are more complex than feelings. In order to understand significance of emotions and their development it is essential to lay down a criterion for distinguishing emotional and non-emotional experiences. The word ‘Emotion’ is derived from the Latin word ‘Emovere’, it means the stir up

There are some components of emotions cognitive thinking, physiological component, experimental, expressive and behavioural component. So emotion is a

dynamic internal adjustment which operates for the satisfaction and welfare of the individual.

1.4.3 Genesis of emotional disturbance:

Dependence on his mother, the ambitions for prestige and success which imbued the rivalry with his father and the depreciatory attitude toward him, the failure to identity with another men, the whole constellation continued on, still potent, although, for the most part, unconscious, automatic and resistant to conscious efforts to change. The respect of his personality developed adequately in the direction of those attitudes, feelings and ways of functioning which we are beginning to recognize as mature.

The genesis of emotional disturbance can be reduced with some over simplification to the following steps:-

1. Childhood emotional influences interact with the infant's congenital endowment and developmental forces; the child begins most formative up to the age about six.
2. These influences facilitate, retard or wrap the development and cause emotional patterns which persist, mostly unconsciously, in later life.
3. These "nuclear patterns" contain certain vulnerable emotional points everyone has specific emotional vulnerabilities.
4. The environment exerts certain demands, pressure and frustrations.
5. The individual endeavours to harmonize the conflicting impulses within him and to adjust himself to his environment.
6. In general, the more mature the individual is the more stably and flexibly he adjusts, but when the pressures impinge upon his emotional vulnerabilities, he reacts with mobilization to fight or flight.
7. The fear and the fight and the danger and hostile aggression tend to be handled as they were in childhood, with partial return to childhood forms of satisfaction, thinking and behaviour.
8. These regressive reactions constitute and produce symptoms which can be grouped as about: I) Inner - psychosomatic, neurotic, psychotic II) Acting – masochistic, destructive social behaviour, criminal.

9. The ego reacts secondarily to the tensions and the symptoms over a range, from denying to exploiting them.

1.4.4 Emotional and behavioral disorders (EBD):

Behavioral and emotional disorders (ICD-10)); refer to a disability classification used in educational settings that allows educational institutions to provide special education and related services to students who have displayed poor social and/or academic progress.

The classification is often given to students after conducting a Functional Behavior Analysis. These students need individualized behavior supports such as a Behavior Intervention Plan, to receive a free and appropriate public education. Students with EBD may be eligible for an Individualized Education Plan (IEP) and/or accommodations in the classroom through a 504 Plan.

Before any studies were done on the subject, mental illnesses were often thought to be a form of demonic possession or witchcraft. Since much was unknown, there was little to no distinction between the different types of mental illness that we refer to today. Most often, they were dealt with by performing an exorcism on the person exhibiting signs of any mental illness. In the early to mid 1800s, asylums were introduced to America and Europe. There, patients were treated cruelly and often referred to as lunatics by the doctors in the professional fields. The main focus of asylums were to shun people with mental illnesses from the public. In 1963, the Community Mental Health Centers Construction Act (Public Law 88-164), was passed by congress and signed by John F. Kennedy, which provided federal funding to community mental health centers. This legislation changed the way that mental health services were handled and also led to the closure of many large asylums. Many laws soon followed assisting more and more people with EBDs. 1978 came with the passing of Public Law 94- 142 which required free and public education to all handicapped children including those with EBDs. An extension of PL 94-142, PL 99-457, was put into act which would provide services to all handicapped children from the ages of 3-5 by the 1990-91 school year. PL 94-142 has since been renamed to the Individuals with Disabilities Education Act (IDEA).

Various terms have been used to describe irregular emotional and behavioral disorders. Many of the terms such as mental illness and psychopathology were used to

describe adults with such conditions. Mental illness was a label for most people with any type of disorder and it was common for people with emotional and behavioral disorders to be labeled with a mental illness. However, those terms were avoided when describing children as it seemed too stigmatizing. In the late 1900s the term "behaviorally disordered" appeared. Some professionals in the field of special education accepted the term while others felt it ignored emotional issues.[8] In order to make a more uniformed terminology, the National Mental Health and Special Education Coalition, which consists of over thirty professional and advocacy groups, coined the term "emotional and behavioral disorders" in 1988.

1.4.5 Related problem behaviors

According to the Individuals with Disabilities Education Act an EBD classification is required if one or more of the following characteristics is excessively observed in a student over a significant amount of time:

- Learning challenges that cannot be explained by intellectual, sensory, or health factors.
- Trouble keeping up or building satisfactory relationships with peers and teachers.
- Inappropriate behavior (against self or others) or emotions (shares the need to harm others or self, low self-worth) in normal conditions.
- A overall attitude of unhappiness or depression.
- A tendency to develop physical symptoms or fears related with individual or school issues.

The term "EBD" includes students diagnosed with schizophrenia. However, it does not have any significant bearing on students who are socially maladjusted unless they also meet the above criteria.

An important researcher in the study of social competence, Voeller, states that there are three clusters of problem behaviors that lead to the impairment of social competence. Voeller clusters include: (1) an aggressive and hostile group, (2) a perceptual deficits subgroup, and (3) a group with difficulties in self-regulation.

1. Children with aggressive and hostile behaviors are those whose acting out behaviors negatively influences their ability to form relationships, and sustain

interpersonal interactions. Aggressive and hostile children tend to have deficiencies in social information-processing, and employ inappropriate social problem-solving strategies to social situations. They also tend to search for fewer facts in a social situation and pay more attention to the aggressive ocial interactions presented in an interaction.

2. Children with perceptual deficits do not perceive the environment appropriately and interpret interpersonal interactions inaccurately. They also have difficulty reading social cues, facial expressions and body gestures.

3. Children with self-regulation deficits tend to have the classic difficulties in executive functions.

1.4.6 Student characteristics:

Students with EBD are a diverse population with a wide range of intellectual and academic abilities. Males, African-Americans, and economically disadvantaged students are over-represented in the EBD population, and students with EBD are more likely to live in single-parent homes, foster homes, or other non-traditional living situations. These students also tend to have low rates of positive social interactions with peers in educational contexts. Students with EBD are often categorized as "internalizers" (e.g., have poor self-esteem, or are diagnosed with an anxiety disorder or mood disorder) or "externalizers" (e.g., disrupt classroom instruction, or are diagnosed with disruptive behavior disorders such as oppositional defiant disorder and conduct disorder). Male students may be over-represented in the EBD population because they exhibit disruptive externalizing behavior that interferes with classroom instruction. Females more commonly exhibit internalizing behavior that does not interfere with classroom instruction; thus, teachers may refer males for special education services more often than females. Students with EBD are also at an increased risk for learning disabilities, school dropout, substance abuse, and juvenile delinquency.

(a) Internalizing and externalizing behavior

A person with EBD with "internalizing" behavior may have poor self-esteem, suffer from depression, experience loss of interest in social, academic, and other life activities, and may exhibit non-suicidal self-injury or substance abuse. Students with internalizing behavior may also have a diagnosis of separation anxiety or another

anxiety disorder, post-traumatic stress disorder (PTSD), specific or social phobia, obsessive–compulsive disorder (OCD), panic disorder, and/or an eating disorder. Teachers are more likely to write referrals for students that are overly disruptive. Screening tools used to detect students with high levels of "internalizing" behavior are not sensitive and are rarely used in practice. Students with EBD with "externalizing" behavior may be aggressive, non-compliant, extroverted, or disruptive.

Students with EBD that show externalizing behavior are often diagnosed with attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder, and/or bipolar disorder; however, this population can also include typically developing children that have learned to exhibit externalizing behavior for various reasons (e.g., escape from academic demands or access to attention). These students often have difficulty inhibiting emotional responses resulting from anger, frustration, and disappointment. Students who "externalize" exhibit behaviors such as insulting, provoking, threatening, bullying, cursing, and fighting, along with other forms of aggression. Male students with EBD exhibit externalizing behavior more often than their female counterparts.

Children and adolescents with ADD or ADHD may display different types of externalizing behavior and should be either medicated or going through behavioral treatment for their diagnosis. Adolescents with severe ADHD would likely benefit most from both medication and behavioral treatment. Younger children should go through behavioral treatment before being treated with medication. Another recommended form of treatment for children and adolescents diagnosed with ADHD would be counseling from a mental health professional. Treatment options will improve performance of children and adolescents on emotion recognition tasks, specifically response time as there is no difficulty recognizing human emotions. The degree of required treatments varies depending on the degree of ADD or ADHD the individual has.

Treatment for these types of behaviors should include the parents as it is evident that their parenting skills impact on how their child deals with their symptoms, especially when at a younger age. Parents going through a parenting skills training program were reported a decrease in internalizing and externalizing behavior in their children post-training program. The program included learning how to give

positive attention, increase good behavior with small frequent rewards and specific praise as well as learning how to decrease attention when the child behaved poorly.

(b) Effect on cognition

In recent years, many researchers have been interested in exploring the relationship between emotional disorders and cognition. Evidence has revealed that there is a relationship between the two. Strauman (1989) investigated how emotional disorders shape a person's cognitive structure, that is, the mental processes people utilize to make sense of the world around them. He recruited three groups of individuals: those with social phobias, those with depression, and controls with no emotional disorder diagnosis. He wanted to determine whether these groups had a cognitive structure showing an actual/ideal (AI) discrepancy (referring to an individual not believing that they have achieved their personal desires) or actual/own/other (AOO) discrepancy (referring to an individual's actions not living up to what their significant other believes that they need to be). He found that depressed individuals had the highest AI discrepancy and social phobics had the greatest AOO discrepancy, while the controls were lower or in between the two for both discrepancies.

Specific cognitive processes (e.g., attention) may be different in those with emotional disorders. MacLeod, Mathews, and Tata (1986) tested the reaction times of 32 participants, some of whom were diagnosed with Generalized Anxiety disorder, when presented with threatening words. They found that when threatening words were presented, people with greater anxiety tended to have increased selective attention, meaning that they reacted quicker to a stimulus in an area where a threatening word was just presented (32-59ms faster). When in the control group, subjects reacted slower when there was a threatening word proceeding the stimulus (16-32ms slower).

Emotional disorders can also alter the way people regulate their emotions. Joormann and Gotlib (2010) conducted a study with depressed, or previously depressed, individuals to test this. They found that, when compared to individuals who have never had a depressive episode, previously and currently depressed individuals tended to use maladaptive emotion regulation strategies (such as rumination or brooding) more. They also found that when depressed individuals

displayed cognitive inhibition (slowing of response to a variable that had been previously ignored) when asked to describe a negative word (ignored variable was a positive word), they were less likely to ruminate or brood. When they displayed cognitive inhibition when asked to describe a positive word (ignored variable was a negative word), they were more likely to reflect.

1.5 ADOLESCENCE:

The word 'adolescence' comes from the Latin word 'adolescere' which means 'to grow'. So the essence of the word adolescence is growth and it is in this sense that adolescence represents a period of intensive growth and change in nearly all aspects of a child's physical, mental, social and emotional life. Adolescence has been described by Stanley Hall as 'the period of storm and stress of human life'. It is a very crucial period of one's life which covers roughly from 12-18/19+ years. The most important fact about adolescence is that it is a period of transition from childhood to adulthood. Transition from one period to another always is associated with some problems. Adolescence is not an exception and it is also associated with some problems.

1.5.1 Stages of Adolescence:

The period of adolescence is considered as crucial and significant period of an individual's life. Psychologically, adolescence is the age when the individual becomes integrated into the society of the adults. It is the stage when the child no longer feels that he is below the level of his elders but rather an equal with them, at least in rights. This integration into the adult society has many aspects, more or less linked with puberty. It also includes profound intellectual changes. These intellectual transformations, typical of an adolescent's thinking, enable him to achieve his integration into the social relationships of the adults. Thich is the most general characteristic of this period of development.

It is the period which begins with puberty and ends with the general cessation of the physical growth. It emerges from later childhood stage and merges into adulthood. It is difficult to assign definite years to it because they differ from country to country and culture to culture. Chronologically, age ranges are from 12/13 years to 18/19 years in India. In case of girls it begins about 1 year earlier than the boys.

Studies of changes in behaviour, attitudes and values throughout adolescence have revealed that these changes are more rapid in the early part than in the later part of adolescence. As such, adolescence period is divided into two parts –

i) **Early Adolescence, and**

ii) **Late Adolescence**

Early Adolescence extends roughly from 12/13 to 16/17 years and late adolescence covers the period from 17 years to 18/19 years, the age of legal maturity. **Late Adolescence** is thus a very short period. Early adolescence is usually referred to as the "teens". Older adolescents are also strictly speaking, "Teenagers". But the term teenager is popularly associated with the characteristic pattern of behaviour of the young adolescents and is rarely applied to older adolescents. Instead they are usually referred to as "young men" and "young women" - or even "youths" - indicating that the society recognises in them a maturity of behaviour not found during the early years of adolescence.

1.5.2 Characteristics of Adolescence:

The distinguishing characteristics of this period are:

- **Rapid Physical Development**: Adolescence is first of all a period of physical changes and development. Physiological development primarily converts the boy into a man and the girl into a woman and provides the basic for emotional, social, intellectual and economic maturity. The most important changes occur in the glandular system which has great influence not only on the physical development but also in the behavior and personality development of the adolescents. Bio-chemical changes in the body make the endocrine glands more active and there is increase in height, weight, changes in voice muscular growth, appearance of pubic hair, growth of hair on the face arms, legs etc. The most striking physical change in this growth period is attainment of puberty which leads to development of reproductive capacity. Respiratory, circulatory and digestive system are also developed that give more physical energy and vigor. All these changes often lead to confusion, feeling of inadequacy, insecurity and in some cases abnormal behavior. One must understand the fact that all the aspects of adolescent development are basically conditioned by physical changes.

- **Mental Development**: Mental development in adolescence accelerates in many intellectual fronts. As compared with children, adolescents develop greater insight, better understanding and can perceive relationship more easily. They develop the ability to generalize and can think of the solution of more difficult problems. This indicates that the thought process becomes more logical, scientific and systematic during adolescence. It is an accepted fact that the ability of intelligence reaches its maximum at the age of 16 and 17 years. Memory power also develops tremendously and adolescents can retain facts for a longer period. They can anticipate the future needs and can plan for it. Another important change in intellectual orientation is the adolescent's ability to identity with the circumstances and people outside his own immediate environment. The imitative tendency of childhood disappears during adolescence. The adolescents develop certain amount of independence in thinking and can critically examine the things to make the decision of his own.
- **Emotional immaturity**: Psychologists have regarded adolescence as a period of heightened emotionality. Continuous physical changes mainly give rise to emotional uncertainty and instability. Emotions of anger, fear, shame, disgust give rise to variation in moods, nervousness, sensitiveness, stubbornness, disobedience etc. Sex drive is also a prolific source of emotional disturbance in adolescence. Beside these, adolescent's striving for independence gives rise to emotional conflicts. Their ideas and views often appear contradictory with that of their parents and other members of the society. At many times, therefore, the adolescent suffer from emotional detachment from their parents and other members of the society. So they are very pone to emotional maladjustment.
- **Social Consciousness**: The period of adolescence is preeminently a period of social development and adjustment. The most important social development during this period is the increased influence of the peer group. The type of peer group shapes the behavior of the adolescent to a great extent. His interests, attitudes and values are influenced by his peers. The adolescent boys and girls become self conscious about their place in society and they gradually enlarge their spheres of social activities and conducts. The adolescent tries to act in an independent manner but the parents often refuse to treat them like grown ups which may lead to difficulties. An adolescent also develops sense of patriotism in his mind and wants

to join any type of social services.

- **Moral Consciousness:** The development of morality contributes a great to the general development of personality. Family is the main place where the adolescent receives the moral training and which exerts influence on his attitudes and behavior. As the child grows older his capacity for independent thinking develops. He can distinguish between right and wrong, true and false, virtue and vice and the desirable and the undesirable. Adolescents in general, cannot tolerate immoral or illegal activities. Interest in their own religion also develops. Their moral senses may make them God fearing but sometimes they also develop religions doubts, conflicts uncertainties regarding religious beliefs and practices etc. This may puzzle the thinking of the adolescents.
- **Creative imagination**: During adolescence the imaginative faculty of an individual undergoes considerable development. Imagination added with intellectual elements become artistic and creative and finds expression in literature, art, poetry, fiction and even musical and artistic creations, indicating the power of their creative imagination. Imagination thus enriches and transforms experience and contributes to artistic appreciation and production during adolescence. Adolescents' should be provided with opportunities for the development of their creative talents through music, dance, art and culture. Divergent thinking should be encouraged.
- **Development of personal Independence**: One of the most important things that an adolescent wants is independence from the adult authority. It becomes important for the young persons to establish convictions about their identity. They develop faith in their own capability of doing things and demand self respect from the elder members of the society. They want psychological freedom and do not like adult interference in their own personal business and they want to take decision themselves. A sense of dignity, honour and freedom prevails in their thought, attitude and behavior.

Adolescence is the period between the ages of 10 and 19 years old (World Health Organization [WHO], 2008). Entering middle school coincides with changes taking place in terms of physical, social and cognitive development (Burke, Brennan, & Roney, 2010). Evolutionary changes represent both a stimulus and a challenge for the development of human beings, as well as a source of difficulties (Schulenberg,

Maggs, & Hurrelmann, 1997). Poorly managed changes may lead to increased tension between parents and children, mental health issues, and the adoption of risk-taking behaviors such as the consumption of alcohol and other drugs (Costello, Foley, & Angold, 2006; Dallo & Martins, 2011). Even though the period of adolescence, in comparison to earlier developmental stages, presents a lower prevalence of acute diseases (Bee & Boyd, 2011), adolescents still require medical care both to treat (chronic or acute) conditions and health problems arising from behavior that put their lives or health at risk (Vitalle et al., 2010). A total of 10% to 25% of young individuals present some type of mental condition (Merikangas et al., 2010).

1.5.3 Adolescence and Stress:

Children and adolescents today face a plethora of stressful problems, including family and relationship conflict, death of close family members or friends, and academic and social pressures. Such problems have been found to contribute to an increased risk of various emotional-social-cognitive difficulties in adolescence. These include academic failure, social misbehavior, interpersonal problems, and depression.

Psychological stress is one of the most insidious phenomena of our time and it affects in all walks of life. Stress implies pressure, tension of worrying resulting in problems in life. Some amount of moderate stress is necessary and is always with us. The intensity of stress varies from person to person or in the same person depending on the situation. Stress acquires importance because of its damaging consequences. Thus, though stress causes both positive and negative effects, excessive stress produces not only psychological disturbances but also several harmful effects on the bio-system. Academic stress demands an effective adjustment not only on the part of students but also on the part of teachers and parents especially in the modern ever changing competitive world.

It is natural for a fresh intermediate (+2) student hailing from different social background with vast and varied cultural diversities to have some stress in situations upon his immediate entry from school background to college atmosphere. The college provides enlarged spheres of self-directed activity and self-dependence to the student. But the demands upon him are greater now, than in his earlier social life, because of specific directions by parents. Fresh college students face heavy pressure from Private college managements, teachers and peer competitions and followed by heavy

expectations from parents' on their children regarding academic success. The change from high school and home to college and hostel is sharp and abrupt. A part from the thrill the fresh intermediate student has, when he first enters the portals of the college, he may have many problems, regarding how he is going to get along in the college, with his peer group, new teachers, (especially for Telugu medium students), new curriculum, new management demands and parental expectations and most of other factors confront him.

Most of the freshman's problems are often transitory in nature as they largely arise out of the novelty of the situation in which he finds himself on one hand, and his ignorance of the demands and possible solutions for them, on the other. In the contemporary Intermediate academic climate, in the wake of mad rush for professional courses, parents, teachers, management and the vital component student community are facing a lot of problems. Therefore, the situation warrants empirical investigations to help all concerned to cope effectively with situation for better academic adjustment. But if student is let alone by the end of first year he would have achieved satisfaction and adjust to the natural course of events, provided if he has given adequate training and planning for realistic goals in life. Unfortunately the situation is different in reality. Therefore, students' academic failures often result in failure to adjust themselves to the academic situations adequately.

Academic stresses take many forms and can affect students in different ways. Procrastination is a common stumbling block for many personality types. Research shows that poor prioritization and time management often sabotage undergrads, mentally, physically and academically. Numerous studies prove that there is a strong correlation between time management and academic performance. Keeping tight control overtime - or even feeling in control of time - leads to high levels of life satisfaction. This type of person typically has a positive view of self, performs better on exams, and generally feels less stressed.

Academic stress is associated with a variety of negative health outcomes, including depression and physical illness. College requires significantly more effort from students than high school. Once a student enters college, he will probably find that the fellow students are more motivated, the instructors are more demanding, the work is more difficult, and one is expected to be more independent. As a result of

these new demands, it is common for college students to experience greater levels of stress related to academics.

Misra and Mckean (2000) found a disturbing trend in college student health. There was reported increase in student stress nationwide (Sax, 1997). Stressors affecting students could be categorized as academic, financial, time or health related and self-imposed (Goodman, 1993; Le Roy, 1988). Academic stressors included the student's perception of an inadequate time to develop it (Carveth, Gerse and Moss, 1966). Students reported experiencing academic stress at predictable times, each semester with greatest sources of academic stress, resulting from taking and studying for examinations, grade competitions and the large amount of content to master in a small amount of time. When stress was perceived negatively or becomes excessive, students experience physical and psychological impairment. Methods to reduce stress by students often included effective time management, social support, positive reappraisal and engagement in leisure.

1.5.4 Adolescence and Emotional and Behavioural Problems:

Emotional maladjustment is a problem that has worsened in recent decades with chronic and severe consequences. There seems to be a relationship between health problems during adolescence and behavioral problems (Costello et al., 2006; Pacheco, Vitalle, Montesano & Pedromônico, 2003). A study conducted in an outpatient clinic for children and adolescents with obstructive sleep disorders (Uema, Vidal, Fujita, Moreira, & Pignatari, 2006) reported that one quarter presented externalizing disorders. Children and adolescents with epilepsy presented more behavioral and emotional problems than the control group, especially the boys (Høie et al., 2006). Zashikhina and Hagglof (2007) found similar results when studying adolescents with chronic diseases, especially girls with asthma and boys with epilepsy. Adolescents with inflammatory bowel disease presented more symptomatic behaviors such as anxiety and depression, social problems, thought problems, and somatic complaints (Väistö, Aronen, Simola, Ashorn, & Kolho, 2009). Children who become anxious in the face of dental treatment also presented more indicators of stress and emotional and behavioral problems (Cardoso & Loureiro, 2005). Mota, Bertola, Kim and Teixeira (2010) observed that children with Noonan Syndrome presented behavior indicative of anxiety/depression and aggressiveness. Fontes Neto et al. (2005) interviewed mothers of children and adolescents with atopic dermatitis

and observed that these patients presented more internalizing and externalizing problems than the control group, especially anxiety and depression, thought problems and aggressiveness.

Behaviors that negatively affect social relationships are more evident at the beginning and at the midway point of adolescence, between 11 and 16 years old (Pacheco, Alvarenga, Reppold, Piccinini, & Hutz, 2005). A Swiss epidemiological study reported that older adolescents, assessed by the Youth Self Report (YSR), presented slightly more attention deficit than younger adolescents (Steinhausen & Metzke, 1998). Older Greek adolescents, assessed by the same instrument, also presented more problems, especially in the domain of Delinquent Behavior (Roussos et al., 2001). Other studies, however, show that behavioral problems and externalizing problems diminish with age, while internalizing problems increase with age (Crijnen, Achenbach, & Verhulst, 1997; Merikangas et al., 2010).

It seems that antisocial behavior is more common among boys, though girls have also presented externalizing problems (Donaldson & Ronan, 2006; Pacheco et al., 2005; Silva, 2003). Depressive symptoms may also emerge during adolescence: 40% of adolescents are described by parents and teachers as being unhappy, sad or depressive (Achenbach & Edelbrock, 1981). Giannakopoulos, Tzvara, Dimitrakaki, Ravens-Sieberer and Tountas (2010) observed, after interviewing adolescents at school, that there were no differences in relation to gender or age among those who had a medical appointment in the past four months or were hospitalized in the past year in comparison to those who did not have medical appointments in the same period. However, those who had been hospitalized reported poorer physical wellbeing and more emotional and behavioral problems. Chronic diseases seem to be accompanied by behavioral and emotional changes.

According to the Guidelines for Adolescent Preventive Services, every adolescent should attend at least one routine medical appointment a year to assess his/her medical and psychosocial condition; the service should be appropriate for the individual's age and stage of development (American Medical Association [AMA], 1997). Identifying the characteristics of the population using health services is necessary to improve care delivery (Silvares, 1989).

This study's objective is to identify the sources of stressors and study its effect on Neurotic personality behavioral and emotional problems perceived by the adolescents.

CHAPTER -1I

REVIEW OF LITERATURE

2.1 INTRODUCTION:

In the present circumstances, Youth as well as children are facing difficulties in life. These difficulties are giving rise to many psycho-somatic problems such as anxiety, tensions, frustrations and emotional upsets in day to day life. So, the study of emotional life is now emerging as a descriptive science, comparable with anatomy. It deals with interplay of forces with intensities and quantities.

Adolescents of today's world are living in a world of competition and there is cut throat competition in every sphere of life. The theory of "SURVIVAL OF THE FITTEST" applies to each and every walk of the society. Adolescent today are living in an increasingly anxiety ridden atmosphere. In today's competitive world, it is not uncommon to find academic achievement playing the most important role in an adolescent's growing up. Being academically successful and making a place for oneself in the society is their priority. Social problems can be a significant stressor for adolescents. Disturbed youth often experience negative outcomes to social problems, solve problems poorly, and display distortions in reasoning about social problems. The social experiences of adolescence have an impact on identity formation.

Disturbed adolescents were found more likely to select negative alternatives to social problems such as alcohol abuse, isolation, and running away from home. Disturbed youth with internalizing problems such as stress, depression, anxiety, loneliness, and social withdrawal perceive and process social problems differently from those who are normal or those with externalizing problems such as aggression. Depressed adolescents were found more likely to select negative alternatives to social problems such as alcohol abuse, isolation, and running away from home. Internalizing problems have been associated with cognitive distortions in perceiving and solving social problems, including selective abstraction, personalizing, overgeneralization, and catastrophizing. Involvement in pro-social activities is a protective factor against problem drinking among teenagers.

Thus, the involvement in some kind of physical activities helps the adolescents to cope better with stress, get social support and inculcate team spirit.

Thus, any kind of sports or game may it be indoor or outdoor, encourages the adolescents to face the problems and develop a better organized and well-balanced personality.

2.2 REVIEW OF LITERATURE ON STRESS:

The phenomenon of "stress" has been studied from the purview of stress as a 'cause' as a 'consequence' and as an 'experience'. Stress does not exist in the "event" but rather is a result of appraisal of the event that is producing stress **(Lazarus & Folkman 1984).** Stress itself is not important, but how we deal with the situation determines the intensity of stress. Harmful effects of stress can be mitigated if we are able to cope with it well. It can be achieved by changing thoughts and behaviors to manage distress (emotion focused-coping) or by managing the problems underlying distress (problem-focused-coping) in context of stressful situations (**Folkman 1997a).**

Stress is the "wear and tear" that our bodies experience as we adjust to our continually changing environment; it has physical and emotional effects on us and can create positive or negative feelings. As a positive influence, stress can help compel us to action; it can result in a new awareness and an exciting new perspective. As a negative influence, it can result in feelings of distrust, rejection anger and depression, which in turn can lead to health problems such as headaches, upset stomach, rashes, insomnia, ulcers, high blood pressure and stroke. With the death of a loved one, the birth of a child, a job promotion, or a new relationship, we experience stress as we readjust our lives. In adjusting so to different circumstances, stress will help or hinder us depending on how to react to it. Although we tend to think of stress as caused by the external events, events in themselves are not stressful. Rather, it is the in which we interpret and react to events that makes them stressful. Thus, stress is a particular pattern of disturbing psychological and physiological reactions that occur when an environment event threatens important motives and taxes one's ability to cope.

In the following pages, an attempt is made to review some of the relevant literature related to stress among adolescents.

Kanae et.al, (2018) examined the stress and coping styles in Japanese nursing students. The principal measures of the stress and coping styles were the

General Health Questionnaire (GHQ)-12 and Brief Coping Orientations to Problems Experienced scale. In a cross-sectional analysis, 1324 students completed the anonymous self-administered questionnaires including the scales earlier. Feeling stress, living with family, not eating breakfast every day, having no regular exercise and poor sleep were associated with GHQ responder (psychological distressed group). The most commonly reported source of stress was taking examinations, followed by relationships with friends, engaging in clinical practice and presenting reports. The three most common coping styles adopted by the nursing students were acceptance, self-distraction and using instrumental support. By logistic regression analysis of coping styles with GHQ responder, self-blame, active coping, acceptance and behavioral disengagement were highly associated with GHQ responder. The nursing school educators as well as students should be aware of stress management strategies (e.g. using active coping and avoiding self-blame) that may help prevent depression.

Raju and Rama Rao (2012) examined the academic stress among intermediate students in a sample of 276 students and observed significant difference between academic stress with class, medium, income and types of institutions.

Today youth are the most vulnerable group as they are suffering from many problems (suicide, unemployment, peer pressure, emotional dissonance) and other general adjustment problem. **Neha (2012)** views the causes of stress, and solve related problem with the help of positive psychology. The common conception is that stress impedes happiness; it seems an important way to increase positive psychology would reduce stress levels.

Miny Chandra and Mishra (2011) viewed that there is a relationship between positive thinking and stress. Positive thinkers will appraise the stressful situation as less threatening and cope with it effectively compared to negative thinkers. Therefore, positive thinking is a mental attitude that admits into the mind; thoughts, words and images that are conducive to growth, expansion and success.

Pranayam has been used as a coping strategy during a study by **Deepty Sharma (2011).** The objective of Pranayama is to simulate, communicate, regulate and control the vital life force that exists in the body. Objectives of the study are to study the stress among adolescents, to study coping strategies of stress with

special emphasis on Pranayam and to study effect of Pranayam on stress. A sample of students from Vivekananda College and Amity University, Noida were taken for the study. Perceived Stress Scale (PSS) was used during the study. Questionnaire was filled and the respondents were asked about their feelings and thoughts during the one month. Finally, the study showed that application of breathing exercises was beneficial in lowering the level of perceived stress.

Kimberley and Tara (2011) examined potential predictors of the academic related stress experienced by college students. In the study, the relationships among the coping strategies, Social support, parenting style, experience of anxiety and academic – related stress were examined. Results suggested that anxiety, problem-focused coping and social support from significant others served as potentially important predictors of the academic – related stress experienced by college students.

Sudhakar and Govinda Reddy (2011) studied the effects of Meditation and Hypnotism in coping with stress among elderly. The findings of the study are a) Gender, age-group and education level show significant impact on perception of stress, b) Gender differences donot occur with respect to coping behavior and c) Meditation, and hypnotism reduce the stress levels significantly and enhances coping behavior.

Bishakha Majumdar (2012) indicated a negative relation between academic stress and mental health; with high self-esteem being predictive of positive mental health and adaptive coping strategies. Institutional variables such as teaching style, equipment's and facilities and opportunities for career development were found to be related to academic stress. Since interventions mostly focus on psychological guidance and counseling, the acceptability of psychological interventions among students were investigated – revealing only a limited acceptability among students for mental health services.

Surekha Chousalkar (2011) opines that teenagers face a multitude of ongoing stressful problems including relationship difficulties, illness or death of family and friends, family pressures and expectations placed on them for academic success, and so on. These life stressors have been shown to contribute to an increased risk of emotional, cognitive and behavioral difficulties in teenagers such as

depression. Teenagers face a number of external and internal stressors that in extreme circumstances are perceived as both overwhelming and disabling, leading in some cases to severe depression and suicide. Teenagers who choose death do so because they cannot cope at a time when they are vulnerable to increasing pressures and uncertainties. In recent decades suicide and suicide attempts have increased and it is now among the top three causes of death in teenagers. This represents a massive loss to societies on a global scale.

Augustine et.al (2011) in a theoretical framework recently proposed for stress research involves a bio-psychological model which includes environmental factors and individual processes of perception and coping with stress. The adolescent students of both Government and Private schools showed similar stress perception, though the former tend to have a higher mean score. The scores were significantly higher on avoidance coping ($P<0.05$).

In a study by **Uma and Kumar (2011)** on Academic stress and coping styles among Secondary School Pupils concluded that Gender has no significant influence on Academic stress as well as coping styles adopted by students. However, Locality of residence and type of management does influence the academic stress perceived by tenth class students. Girls of urban locality studying in private schools use more coping styles than their counterparts.

In a study conducted by **Sitara and Reddy (2010),** to examine the stress, Anxiety, Depression and coping strategies among 400 professional students including both medical and Engineering streams, concluded that compared to girls, boys experience more academic stress. Similarly rural students undergo more stress than the urban professional students. Differences do occur in the use of coping styles. Female prefer appraisal focused and problem focused coping than boys. However, there is no significant difference between boys & girls with regard to use of emotional focused coping styles.

Many studies document that household economic problems have a negative influence on adolescents' emotions and behaviors. The study done by Anna **Bokszczanin and Dawid Mokowskii (2010)** examined the relationship between family economic stress, and parental support with social anxiety symptoms in adolescents. Parents and their one adolescent child participated in the study (199

pairs). Parents were interviewed about the economic situation of their family, whereas children filled out questionnaires. Results indicated that increased economic stress was associated with a higher level of social anxiety in the youth and higher level of parental support was associated with a lower level of social anxiety. A two-way interaction of sex and parental support showed that girls with low support from their parents had a higher level of social anxiety than boys.

Mahmood Alam (2010) examined the interrelationship between Emotional intelligence, Academic stress and Academic success. A representative sample of 250 adolescents, 125 boys and 125 girls, from different Kendriya Vidyalayas of Hyderabad city were selected. The findings revealed a significant relationship between variables for total boys and girls.

Anna Hui (2009) compared the students in Hong Kong their mainland counterpart. The moderating effect of academic self-efficacy was examined. Result showed that Hong Kong students were more stressful, and there is a negative relationship between stress and health. Neither the mediating effect of coping nor the moderating effect of academic self-efficacy was proved significant, but coping was proved to exert mediating effect on the relationship between place of birth and health.

Radhika Kapoor (2009) views that when expectations of academic performance increase, children feel stress. All children have to take adjustments at times of transition. Many kids, not just those with learning difficulties, experience setbacks when they have to perform independently. It is for parents to assess whether their child can adapt to these challenges and learn new strategies within a normal period of time.

Janardharam and Kumar (2008) viewed that Gender differences occur related to Academic stress and Emotional intelligence but not related to types of coping styles. In a study conducted on professional and Non-professional students, the results shows that nature of course has significant impact on Academic stress as well as its components namely personal Inadequacy, Fear of failure, Interpersonal difficulties with teachers, Teacher – pupil relationship and Inadequate study facilities. Nature of course also influences the use of appraisal focused coping but does not has any impact on either emotional focused or problem focused coping.

Jose (2007) studied the stressor intensity, coping efforts, and adjustment among Japanese adolescents. A new measure of Japanese adolescent coping was created, and psychometric analyses confirmed a reliable four-factor structure. Mean group difference analyses showed that girls reported higher levels of self-image and peer relations stress, and reported using isolation and problem-solving coping more and externalising coping less than males. Younger adolescents (5th/8th grades) reported higher stress in the domains of school, peer relations, and family relations, whereas older adolescents (10th grade) reported higher self-image problems. Females were found to be more responsive to appearance, family, and peer difficulties. Affiliation coping by females operated as a buffer between appearance anxiety and dissatisfaction with appearance. Externalizing coping was not associated with peer relations satisfaction for males, but it was negatively associated for females.

Vijay Lakshmi (2007) in a study aimed to identify the stressors among the university students and also to examine which category of stressors were more prevalent in the representative sample. A survey was conducted on first 120 students who showed high anxiety on the global factor as per the Cattell's 16 Personality Factor Questionnaire which is administered as part of the curriculum. These students were asked to mention the list of stressors they were experiencing in the last one month. The stressors listed by the students were grouped into four broad categories such as intrapersonal, interpersonal, Academic and Environmental stressors. Descriptive statistics i.e. frequency distribution and percentages calculated for the responses given by the students showed that there were more intrapersonal stressors listed as compared to the other three categories. The most common stressors reported in the total sample was found to be overload of assignments (66.7%), followed by inability to manage time effectively (50%), pre-placement fear (43.3%) and home sickness (40%).

Sudha (2007) investigatd the influence of yoga on academic stress of high school children. The study was conducted on 139 students to examine the effect of yoga practice on academic stress using Student's Academic Stress Scale (SASS). The study is a combination of within subjects design and between subjects design. Students of the experimental group were given yoga practice for one hour a day, for a continuous period of 90 days. After the 90-day period, the Students Academic Stress Scale was administered again to students of both the experimental and the control

groups to assess the differences in performance. The results of the study for the pre test and post test conditions of the experimental group showed a significant decrease in all the five areas as far as academic stress is concerned.

Prathiba (2006) aimed to survey the stress among adolescents. It is based on data collected from 100 adolescents and their respective parents. It identified some of the stressful events young people experience, described how they deal with stress, and indicates coping strategies available for young people most vulnerable to stress and depression. The study also explored that there was association between parenting styles and stress experienced by adolescents.

Latha and Reddy (2006) assessed the nature of stress, social support systems and coping styles among 100 students in Pre-University College (II year) of both genders in the age range of 16-19 years with the Adolescent Stress Scale, a semi-structured interview to elicit social support, and a self-report coping scale. The main sources of stress in both genders were getting up early in the morning, pressure to study, having to concentrate for too long during college hours, not having enough money to buy things, and long college hours. Prayer was the main coping strategy used by both genders. Males had larger social network than females.

Erina, Wendey and Seth (2005) in a study found that there is positive association between academic stress and depression decreases as informational support increases. In addition, emotional support was negatively associated with depression across levels of academic stress.

Magaya and others (2005) reported on the coping strategies of Zimbabwean adolescents and highlights some major stressors they face. The interplay among stress, social support and the coping strategies of Zimbabwean adolescents are also reported. Zimbabwean adolescents experienced slight stress as measured by the Perceived Stress Scale. Major stressors included schoolwork, relationships, social life and financial hardship. Females reported a higher level of perceived stress than males. Zimbabwean adolescents reported having fewer social provisions than the norm group. Results from the Ways of Coping Scale indicated that Zimbabwean adolescents use emotion-focused strategies more frequently than problem-solving strategies.

A study conducted by **Seema Kashyap and Ravi Sidhu (2005)** aims to assess the level of different stresses with regard to their frequency and amount among the adolescents studying science and commerce. The Bisht Battery of Stress Scale developed by **Bisht Abha Rani (1987)** was used to assess the level of frequency and amount of stress. It further examined the correlation between various defense mechanisms adopted by these adolescents to cope with stress. The Defense Mechanism Inventory developed by **Mrinal and Singhal (1981)** was used to assess the defense mechanisms adopted to cope with stress by adolescents under study. The sample size was 100, which consists of 50 boys and 50 girls. The results revealed different levels of amount and frequency of stress among adolescents of both the streams.

A study conducted by **Viswanath and Srikanth (2005)** focused on stress and coping strategies of school going children. The multiple regression analysis revealed that intelligence level, gender and social factors contributed to stress in school children. Regarding coping styles boys and students of Secondary level school frequently used appraisal focused coping. However, gender did not contribute much to the usage of problem focused or emotional focused coping, as both boys and girls equally preferred these coping styles.

Teens face many different sources of stress navigations, but two of them are found more at school than elsewhere. Peer pressure and academic stress were encountered by almost every teen at same point, but through involvement and communication, parents can help (**Mc Cormack, 2004).**

Misra (2000) investigated the interrelationship among academic stress, anxiety, time management, and leisure satisfaction among 249 university, undergraduates by age and gender. Time management behaviors had a greater buffering effect on academic stress than leisure satisfaction activities. Significant gender differences existed among all the measures. Females had more effective time management behaviors than males, but also experienced higher academic stress and anxiety. Males benefited more than females from leisure activities. Freshmen and sophomore students had higher reactions to stress than juniors and seniors. Anxiety, time management, and leisure satisfaction were all predictors of academic stress in the multivariate analysis. Anxiety reduction and time

management in conjunction with leisure activities may be an effective strategy for reducing academic stress in college students.

In a study by **Dumant and Provost (1999),** 297 adolescents (141 eighth graders and 156 eleventh graders) were classified into 3 groups created from crossing scores of depressive symptoms and frequency of daily hassles: well adjusted, resilient, and vulnerable. A discriminant function analysis was performed to investigate group differences on self-esteem, social support, different strategies of coping, and different aspects of social life. The analysis revealed that self-esteem, problem-solving coping strategies, and antisocial and illegal activities with peers helped to discriminate groups: Well-adjusted adolescents had higher self-esteem than adolescents in the 2 other groups; in addition, resilient adolescents had higher self-esteem than vulnerable adolescents. For the second significant discriminating variables, antisocial and illegal activities with peers, both resilient and vulnerable adolescents had higher scores than well-adjusted adolescents. Finally, resilient adolescents had higher scores on problem-solving coping strategies than adolescents in the 2 other groups.

2.3 REVIEW OF LITERATURE ON EMOTIONAL/BEHAVIOURAL PROBLEMS:

Emotions are great motivating forces throughout the span of human life; affecting aspirations, actions and thoughts of an individual. Emotional maturity is the ability of the person to assess a situation or relationship and to act according to what is best for oneself and for the other person in the relationship. Emotional maturity is not only one of the effective determinants of personality pattern, but it also helps in adolescent development. According to **Walter et.al (1976)** emotional maturity is a process in which the personality is continuously striving for greater sense of emotional health, both intra-psychically and intra-personally. So, the study of emotional maturity is now gaining recognition.

At least 8% to 10% of children younger than 5 years' experience clinically significant and impairing mental health problems, which include emotional, behavioral, and social relationship problems **(Egger HL, 2019).** An additional 1.5% of children have an autism spectrum disorder, the management of which has been reviewed in a separate report from the American Academy of Pediatrics

(AAP). Children with emotional, behavioral, and social relationship problems ("mental health problems"), as well as their families, experience distress and can suffer substantially because of these problems. These children may demonstrate impairment across multiple domains, including social interactions, problematic parent–child relationships, physical safety, inability to participate in child care without expulsion, delayed school readiness, school problems, and physical health problems in adulthood.

In the following pages, an attempt is made to review some of the relevant literature related to emotional/behavioural problems among adolescents.

Ravi C Sharma, (2019) opined that there has been a rise in the prevalence of mental illness and maladaptive behaviours among adolescents WHO estimate shows that up to 20% adolescent have one or more mental or behavioural problems Studies conducted in different parts of the world show that prevalence of behavioural and emotional problems in adolescents ranges from 16.5% to 40.8% and in India it is in the range of 13.7% to 50%. As adolescents form one fifth of India's population, this means a sizable disease burden on the society. Lack of data on the subject precludes an assessment of the magnitude of the problem which is essential for effective health care planning. This study has been planned to assess prevalence and pattern of maladaptive behavioural and emotional problems among school going adolescents. The association between socio-environmental factors and the emotional and behavioural problems in this age group was also studied.

Literature review indicated that the prevalence rate of emotional and behavioural problems among adolescents in India ranges from 13.7% to 50**% (Mishra A, Sharma AK, 2018).**

Edward Goldson (2018) believed that very young children can experience significant and impairing mental health problems at rates comparable to older children. Early adversity, including abuse and neglect, increases the risk of early childhood emotional, behavioral, and relationship problems and is associated with developmental, medical, and mental health problems through the lifespan. EBTs can address early childhood mental health problems effectively, reducing symptoms and impairment and even normalizing biological markers. By contrast, the research base examining safety and efficacy of pharmacologic interventions is sparse and

inadequate. Systems issues, including graduate medical education systems, access to trained providers of EBTs for very young children, and coding, billing, and payment structures all interfere with access to effective interventions. Not insignificantly, social stigma related to mental health held by parents, primary care providers, and the greater society likely work against access to care for children.

Mary Margaret Gleason (2016) concluded that more than 10% of young children experience clinically significant mental health problems, with rates of impairment and persistence comparable to those seen in older children. For many of these clinical disorders, effective treatments supported by rigorous data are available. On the other hand, rigorous support for psychopharmacologic interventions is limited to 2 large randomized controlled trials. Access to psychotherapeutic interventions is limited. The pediatrician has a critical role as the leader of the medical home to promote well-being that includes emotional, behavioral, and relationship health. To be effective in this role, pediatricians promote the use of safe and effective treatments and recognize the limitations of psychopharmacologic interventions. This technical report reviews the data supporting treatments for young children with emotional, behavioral, and relationship problems and supports the policy statement of the same name.

Paul J Frick (2016) conducted a research on the various risk factors of conduct disorder is reviewed, with a specific focus on recent theories of how these risk factors can negatively influence a child's development and place him or her at risk for acting in ways that violate the rights of others or that violate major societal norms. Support for several specific developmental pathways, each involving somewhat different risk factors and causal mechanisms, is provided. This research has important implications for how research is conducted and interpreted. It also has important implications for the assessment and diagnosis of conduct disorder. Most importantly, it highlights the need for a comprehensive and individualized approach to treatment that recognizes the different needs of youth across the various pathways. Keywords assessment, callous-unemotional traits, conduct disorder, developmental pathways, treatment Conduct disorder (CD) is defined as a repetitive and persistent pattern of behavior that violates the rights of others or that violates major age-appropriate societal norms or rules (American Psychiatric Association, 2013). The symptoms of CD fall into four main categories: (1) aggression to people and animals,

(2) destruction of property, (3) deceitfulness or theft, and (4) serious violations of rules (e.g., truancy, running away from home). It is listed in the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as being part of the class of disorders labeled as “Disruptive, Impulse Control, and Conduct Disorders,” which all involve problems in the selfcontrol of emotions and behaviors (**American Psychiatric Association, 2013).**

Emotional, behavioral, and relationship disorders rarely are transient and often have lasting effects, including measurable differences in brain functioning in school-aged children and a high risk of later mental health problems (**Wegner L, 2015).** Exposure to toxic stressors, such as maltreatment or violence, and individual, family, or community stressors can increase the risk of early-onset mental health problems, although such stressors are not necessary for the development of these problems. Early exposure to adversity also has notable effects on the hypothalamic–pituitary–adrenal axis and epigenetic processes, with short-term and long-term consequences in physical and mental health, including adult cardiovascular disease and obesity. In short, young children’s early emotional, behavioral, and social relationship problems can cause suffering for young children and families, weaken the developing foundation of emotional and behavioral health, and have the potential for long-term adverse consequences.

Emotional and behavioral disorders are perceived to be as potential causes of disciplinary problems in the classroom. The main interest of the study is the EBD and achievements of the first graders' in public schools of South Cotabato. About 210 graders and teachers were involved as subjects and respondents of this inquiry. A questionnaire in EBD was given to teachers for them to assess carefully the graders' oppositional defiant disorder (ODD), conduct disorder (CD) and attention deficit hyperactivity disorder (ADHD). In contrast, data of graders' gender, curricular and extra-curricular achievements were gathered from the teachers' records. Tabulated data were suitably presented in tables and charts. Analysis like percentages, Multiple Linear Regression Analysis, mean and t-test were employed to interpret the collected data. As found out, the first graders' EBD is of moderate level. They were very good in both curricular and extra-curricular achievements. ADHD was confirmed to be associated to the graders' achievements. Gender and school location were tested as good predictors of EBD and achievement (**Ernie Cerado, 2015).**

Children in the adolescent-onset pathway show an exaggeration of the normative process of adolescent rebellion. That is, most adolescents show some level of rebelliousness to parents and other authority figures (**Brezina & Piquero, 2007).** This rebelliousness is part of a process by which the adolescent begins to develop his or her autonomous sense of self and his or her unique identity. According to **Moffitt (2006),** the child in the adolescent-onset group engages in antisocial and delinquent behaviors as a misguided attempt to obtain a subjective sense of maturity and adult status in a way that is maladaptive (e.g., breaking societal norms) but encouraged by an antisocial peer group. Given that their behavior is viewed as an exaggeration of a process specific to adolescence, and not due to an enduring vulnerability, their antisocial behavior is less likely to persist beyond adolescence. However, they may still have impairments that persist into adulthood due to the consequences of their adolescent antisocial behavior (e.g., a criminal record, dropping out of school, substance abuse) **(Odgers, Moffitt, et al., 2008).** With limited prosocial emotions versus emotional dysregulation This distinction between early and late starting antisocial behavior has been used to designate distinct groups of children with CD and to designate distinct patterns of criminal behavior in juveniles for a number of years (Patterson, 1986). It was first added to the DSM as part of the criteria for CD in the fourth edition of the manual (American Psychiatric Association, 1994), and it was retained in its next revision **(American Psychiatric Association, 2013).**

Specifically, the DSM-5 includes the following specifier for the diagnosis of CD: • Childhood-onset type. Individuals show at least one symptom characteristic of CD prior to age 10 years. • Adolescent-onset type. Individuals show no symptom characteristic of CD prior to age 10 years **(American Psychiatric Association, 2013).** More recently, there has been an increasing recognition of another distinction that could be important for designating important developmental pathways to CD. As noted above, childhoodonset CD is considered to be indicative of an enduring vulnerability that results from an interaction between dispositional traits in the child and problems in his or her rearing environment. However, there may be several different types of vulnerabilities within the childhood-onset group that reflect different developmental consequences of this interaction. In the DSM-5, another specifier for CD was added (**American Psychiatric Association, 2013).**

Specifically, this specifier, which is labeled as "With Limited Prosocial Emotions," is applied to persons who meet the criteria for CD and who show at least two of the following symptoms over an extended period of time (i.e., at least 12months) and in multiple relationships and settings: • Lack of remorse or guilt; • Callous/lack of empathy; • Unconcerned about performance; • Shallow or deficient affect. In research, these symptoms have been labeled as the affective dimension of psychopathy (Hare & Neumann, 2008) or as callous–unemotional (CU) traits **(Frick, 2012).** These specific indicators 164 South African Journal of Psychology 46(2) and the diagnostic threshold of two symptoms were chosen based on extensive secondary data analyses across large samples of youth in different countries (**Kimonis et al., 2015).** These analyses indicated that these four criteria consistently were the best indicators of the overall construct of CU traits across different types of samples in various countries. Furthermore, the two symptom cut-off seems to designate clinically meaningful distinctions within children and adolescents with severe conduct problems **(Kahn, Frick, Youngstrom, Findling, & Youngstrom, 2012; Kimonis et al., 2014).**

Importantly, it is those within the childhood-onset group who are most likely to show these elevated rates of CU traits **(Bauer, Whitman, & Kosson, 2011; Dandreaux & Frick, 2009)**. However, it is only a minority of children with childhood-onset CD who show elevated rates of these traits, typically with only 25%–30% of children who meet the criteria for CD also meeting criteria for the specifier With Limited Prosocial Emotions **(Kahn et al., 2012; Pardini, Stepp, Hipwell, StouthamerLoeber, & Loeber, 2012).** Although only a minority of children and adolescents with CD show elevated rates of CU traits, research suggests that it is a group that is critical both for clinical practice and for etiological theories.

Frick, Ray, Thornton, and Kahn (2014b) reviewed over 200 published studies investigating the potential role of CU traits for designating an important subgroup of children or adolescent who show serious antisocial behavior. First, they reported that youth with CD specifically, or antisocial behavior more generally, showed a more stable pattern of behavior problems and more severe aggression if they also showed elevated CU traits. Besides showing more severe aggression, youth with elevated CU traits display more instrumental (i.e., for personal gain or dominance) and premeditated aggression compared to other children and adolescents with severe conduct problems. Second, Frick et al. (2014b) reviewed 20

studies that compared the treatment outcome for youth with conduct problems with and without elevated levels of CU traits, and 18 (90%) reported results suggesting that the group high on CU traits showed poorer treatment outcomes.

There was strong evidence to suggest that CU traits designate a clinically important group of antisocial youth with respect to their degree of impairment and response to treatment. However, **Frick et al. (2014b)** also reviewed research suggesting that these traits also classify a group of youth with CD who show very different genetic, cognitive, emotional, and social characteristics. These findings seem to suggest that the causes of the antisocial behavior are different in those with and without CU traits. Specifically, Frick et al. (2014b) reviewed behavioral genetic research suggesting that the genetic influences on childhood-onset conduct problems are considerably greater in those high on CU traits compared to those who show normative levels of these traits. Furthermore, children and adolescents with serious conduct problems and CU traits also show an insensitivity to punishment cues, which includes responding more poorly to punishment cues after a reward-dominant response set is primed, responding more poorly to gradual punishment schedules, and underestimating the likelihood that they will be punished for misbehavior relative to other youth with serious conduct problems.

Children and adolescents with serious conduct problems and elevated CU traits endorse more deviant values and goals in social situations, such as viewing aggression as a more acceptable means for obtaining goals, blaming others for their misbehavior, and emphasizing the importance of dominance and revenge in social conflicts. Children and adolescents with elevated CU traits also show reduced emotional responsiveness in a number of situations including showing weaker responses to cues of distress in others, less reactivity to peer provocation, less fear to novel and dangerous situations, and less anxiety over the consequences of their behavior relative to other youth with serious conduct problems. Finally, conduct problems tend to have a different association with parenting practices depending on whether or not the child or adolescent shows elevated levels of CU traits. Specifically, harsh, inconsistent, and coercive discipline is more strongly associated with conduct problems in youth with normative levels of CU traits relative to youth with elevated CU traits, Frick 165 whereas low warmth in parenting appears to be more highly associated with conduct problems in youth with elevated CU traits. These findings

have led to a number of theories hypothesizing different causal processes underlying the behavior problems in children with and without elevated CU traits. For example, **Frick et al. (2014a)** have proposed that children with serious conduct problems and elevated CU traits, but not other children with serious conduct problems, have a temperament (i.e., fearless, insensitive to punishment, low responsiveness to cues of distress in others) that can interfere with the normal development of conscience and place the child at risk for a particularly severe and aggressive pattern of antisocial behavior. In contrast, children and adolescents with childhood-onset antisocial behavior with normative levels of CU traits do not typically show problems in empathy and guilt. In fact, they appear to be highly reactive to emotional cues in others and they are highly distressed by the effects of their behavior on others (**Frick & Viding, 2009).**

Thus, the antisocial behavior in this group does not seem to be easily explained by deficits in conscience development. Furthermore, this group that does not show elevated levels of CU traits displays higher levels of emotional reactivity to provocation from others. The conduct problems in this group are strongly associated with hostile/coercive parenting. Based on these findings, it appears that children in this group show a temperament characterized by strong emotional reactivity combined with inadequate socializing experiences that do not help them to develop the skills needed to adequately regulate their emotional reactivity (**Frick & Morris, 2004).** The resulting problems in emotional regulation can result in the child committing impulsive and unplanned aggressive and antisocial acts, for which he or she may feel remorseful afterward, but for which he or she may still have difficulty controlling in the future.

Summary of research on developmental pathways to CD has largely converged to indicate that there are several important and somewhat distinct developmental pathways that can lead to the severe conduct problems that define this disorder. Thus, recent causal theories have attempted to account for these distinct developmental pathways with important implications for how research is conducted. Youth is of utmost importance as they are full of energy and enthusiasm and this is to be tapped for the betterment of society. Especially with their high emotionality, this is sole cause for their behaviour. This is the time to see that their emotions are under

control and that they behave in days to come. Also better judgment of one's self or one's own capabilities has firm bearing on their emotional maturity.

Geetha and others (2012) examined the impact of emotional maturity on self-efficacy of adolescent students. The results revealed that adolescents with lower emotional immaturity have shown high self-efficacy. This infers the importance of highlighting on the development of emotional maturity of adolescents through life skill training programmes to enhance ultimately their self-efficacy.

Deepali and Bhardwaj (2012) attempted to explore the relationship between Perceived Parental Behavior and Emotional Maturity among 120 adolescents of middle Socio-economic group. Findings of the study showed that there is a positive relationship between Perceived Parental Care Behavior and Emotional maturity of Adolescents and there is a negative relationship between Perceived Parental Control Behavior and Emotional maturity of adolescents. The study revealed that Perceived parental behavior significantly affected emotional maturity of the adolescents.

Asha (2012) opines that emotional maturity is a process in which the personality is continuously striving for greater sense of emotional health, and a continual process of clarification and evaluation, an attempt to integrate feelings, thinking and behaviour. A growing individual is confronted with series of developmental tasks to which an individual has to make adjustments. Getting adjusted to different demands of circumstances is life skills development.

Niranjana, Mythili & Veerapandian (2012) believe that in the present circumstances, youth as well as children are facing difficulties in life. These difficulties are giving rise to many psychosomatic problems. Considering the Adolescent stage as a crucial stage of emotionality. Psychological Intervention which consisted of various Life Skills needed for a good Quality of Life, and had influenced the Adolescents in the Experimental Group on Emotional Maturity and also on its dimensions.

Rambha Pathak (2011) viewed that Adolescence is marked by immense turmoil in emotional and behavioural spheres. WHO defines adolescence as the period of life between the ages of 10-to 19 years. The adolescent struggles to develop his individuality while still conforming to societal norms. Rapid urbanization

and modernization have exposed them to changes in society. The resultant breakdown in family structure, excessive or minimal control confuses the adolescent and makes him/her especially vulnerable to maladaptive patterns of thinking and behavior. Healthy adulthood depends upon successful resolution of these emotional and behavioural problems. Treading on this tightrope, most adolescents go through to adulthood normally. All adolescents may not be so fortunate, to get the ideal societal support for this smooth transition. Some develop maladaptive patterns in emotional and behavioural spheres .This augers ill for the individual's future resulting in depression, delinquency and suicides among other problems.

The study was conducted in Chandigarh, Union territory. Only high schools and higher secondary schools were taken for the study. As per data collected from office of director of education, Chandigarh, the Chandigarh municipal area has 130 schools in the category of high schools and higher secondary schools catering to a total of 23696 students. To ascertain similar environment for boys and girls, only co-educational schools (n=114) were takenup for the study and boys-only or girls- only schools were excluded (n=16). Among co-educational schools, 87 were government and 27 were private schools with a total number of 16700(70%) and 6996(30%) students respectively. Students of government and private schools represent different socioeconomic strata due to high cost of education in private schools. Hence, students from both types of schools were included in the study.

Hussain (2008) conducted a study to examine the effect of parenting styles and emotional maturity and study its relationship with academic achievement. The results of the study shows that only father's parenting style has been found to be associated significantly with emotional maturity of their children. The IX class adolescents stay in school for a longer period of time and spend more time with peer group than with their parents. The influence of VCR's, cable TV and other media also affect the culture values of the students.

Girls and Boys study in either co-educational or unisex-educational environment. Whether the presence of both sex and single sex affects the development of emotional maturity, anxiety and security - insecurity in adolescence? In order to find its answer, a study was conducted by **Charu Vyas (2008)** on girls and boys studying in class XI in the schools of Muzzafarnagar. No significant difference

was found in anxiety, emotional maturity and security - insecurity of boys and girls coming from coeducation and unisex education school.

A study by **Suneetha and Aminbhavi (2007**) assessed the impact of maternal employment on the selfconcept, emotional maturity and achievement motivation of adolescents. The sample consisted of 75 adolescents of employed mothers and 75 adolescents of homemakers, studying in 8th and 9th standards in Hubli-Dharwad cities of North Karnataka. The results revealed that the adolescent children of homemakers have significantly higher selfconcept. It was also noticed that children of employed mothers have high emotional maturity and female children of employed mothers are highly achievement oriented.

In a research in New Zealand it was observed that birth cohort, the rate of official convictions for violent acts in adulthood (prior to age 32years) was 32.7% for males who began showing serious conduct problems prior to adolescence, 10.2% for males who began showing serious conduct problems in adolescence, and 0.4% for males who did not show serious conduct problems in either childhood or adolescence **(Odgers, Moffitt, et al., 2008).** Thus, the childhood and adolescent subtypes of CD show very different trajectories of antisocial behavior, in terms of both their patterns of onset and life-course trajectory. In addition, there is now a rather extensive body of research to suggest that the two groups also differ on a number of dispositional and contextual risk factors that seem to implicate different developmental processes leading to the disruptive behaviors of the two groups (**Frick & Viding, 2009; Moffitt, 2006).**

Geeta and Vijaylakshmi (2006) studied the impact of emotional maturity of adolescents on their stress and self confidence. Sample of the study consists of 105 adolescents studying in XI and XII class at Dharwad city Karnataka State, India. The findings revealed that the adolescents with high emotional maturity have significantly high stress ($t=10.44$; $p< 0.001$) and self-confidence ($t=-2.92$; $p< 0.01$) when compared to those with low emotional maturity. Adolescents with more number of siblings have shown significantly higher level of self-confidence ($t = 2.96$; $p< 0.01$) than their counter parts. It is also found that educational level of father has significantly influenced stress of their adolescent children ($F= 5.303$; $p< 0.01$). Adolescent boys tend to have significantly higher stress than girls ($t=1.72$) and girls tend to have significantly high self confidence ($t=1.83$).

Research has suggested that the ability to adequately regulate emotion and behavior and the ability to feel empathy and guilt toward others seem to play a role in the development of CD **(Frick & Viding, 2009**). As a result, understanding the processes involved in the normal development of these abilities is critical for understanding how they may go awry in some children and place them at risk for acting in an aggressive or antisocial manner (Frick, Ray, Thornton, & Kahn, 2014a). As a result, current conceptualizations of CD recognize that there are likely multiple causal pathways that can lead to the disorder, each involving multiple interacting risk factors, and these risk factors disrupt critical developmental processes which make a child more likely to act in antisocial and aggressive manner. In the following section, some of the most common developmental pathways that can lead to the severe behavior problems associated with CD are described. Developmental pathways to CD Adolescent-onset versus childhood-onset A number of reviews of research support important differences between children who begin showing severe conduct problems and antisocial behavior in childhood versus those whose onset of antisocial behavior does not emerge until adolescence (Frick & Viding, 2009; Moffitt, 2006). Children in the childhood-onset group often begin showing mild conduct problems (e.g., oppositional behavior, temper tantrums) as early as pre-school or early elementary school, and their behavioral problems tend to increase in rate and severity throughout childhood and into adolescence (**Frick & Viding, 2009).** In contrast, the adolescent-onset group does not show significant behavioral problems in childhood, but they begin exhibiting significant antisocial and delinquent behavior coinciding with the onset of adolescence (Moffitt, 2006). In addition to the different patterns of onset, the childhood-onset group is more likely to show aggressive behaviors in childhood and adolescence and is more likely to continue to show antisocial and criminal behavior into adulthood.

Nanda et.al (2005) have reported that familial variable, family type and personal variable, age had an impact on emotional maturity of urban adolescent girls.

Conduct Disorder is an important mental health problem for a number of reasons. First, it often involves aggression, it is highly related to criminal behavior, and it is associated with a host of other social, emotional, and academic problems **(Frick, Stickle, Dandreaux, Farrell, & Kimonis, 2005).**

Childhood-onset CD seems to be more strongly related to neuropsychological (e.g., deficits in executive functioning) and cognitive (e.g., low intelligence) deficits. Also, children who show the childhood-onset pattern seem to show more temperamental and personality risk factors, such as impulsivity, attention deficits, and problems in emotional regulation. This group also shows higher rates of family instability, more family conflict, and has parents who use less effective parenting strategies. When children within the adolescent-onset group differ from control children without conduct problems, it is often in showing higher levels of rebelliousness and being more rejecting of conventional values and status hierarchies **(Dandreaux & Frick, 2009; Moffitt, 2006)**. The different outcomes and risk factors for the two subtypes of antisocial individuals led **Moffitt (2006**) to propose that children in the childhood-onset group develop their problem behavior through a transactional process involving a difficult and vulnerable child (e.g., impulsive, with verbal deficits) who experiences an inadequate rearing environment (e.g., poor parental supervision, poor Frick 163 quality schools). This dysfunctional transactional process disrupts the child's socialization leading to poor social relations with persons both inside (e.g., parents and siblings) and outside (e.g., peers and teachers) the family. These disruptions lead to enduring vulnerabilities that can negatively affect the child's psychosocial adjustment across the lifespan.

Katyal and Nirwani (2005) reported that their study was an endeavor to compare self-concept, emotional maturity and personality in delinquency prone and non-delinquency prone adolescents. A sample of 200 subjects was selected randomly from Government Model High Schools of Chandigarh. The subjects were administered Self-concept Questionnarie [Saraswath (1984)], Emotional Maturity Scale [Singh and Bhargava (1990)] and Eysenck's M.P.I. (1978). Results showed that majority of delinquency prone subjects were average on self-concept, extremely emotionally unstable, moderate in neuroticism and highly extrovert. On the other hand majority of non-delinquency prone subjects were above average on neuroticism and extroversion.

Aleem and Sheema (2005) have reported a significant difference between the mean scores of male and female students on emotional stability and further found that female students are emotionally less stable than male students.

Chauhan and Bhodnagar Tithi (2003), in their study found out the Emotional Quotient among adolescents (M = 120). The results indicated that post adolescent males have higher emotional maturity than females and the stages of adolescence play a significant role upon emotional maturity. Gender plays a significant role in determining the skill for emotional expression. The post – adolescents possessed a higher degree of emotional quotient than their male counterparts. The findings envisaged the rationale to channelize emotional expression skills of adolescents for their effective mental health and personality development in the twenty – first century.

Kaplan and Baron (1986) elaborate the characteristics of an emotionally mature person. They say that he has the capacity to withstand delay in satisfaction of needs. He has the ability to tolerate a reasonable amount of frustration. He has belief in long-term planning and is capable of delaying or revising his expectations in terms of demands of situations.

Childhood emotional stresses influence the infant's congenital heredity plus physical and emotional forces acting upon sperm and egg. (prior to conception and until birth) endowment and developmental forces, the child being most formative up to the age of about six.

Many criteria have been suggested to evaluate the concept of maturity. A few of them are being mentioned below:

According to **Bernard (1954)** following are the criteria of mature emotional behaviour.

1. Inhibition of direct expression of negative emotions.
2. Cultivation of positive, up building emotions.
3. Development of higher tolerance for disagreeable circumstances.
4. Increasing satisfaction from socially approved responses.
5. Increasing dependence of actions.
6. Ability to make a choice and not broad about other choices.
7. Freedom from unreasonable fear.
8. Understanding and action in accordance with limitations.

9. Awareness of the ability and achievement of others.

10. Ability to err without feeling disgraced.

11. Ability to carry victory and prestige with grace.

12. Ability to delay the gratification of impulses.

13. The enjoyment of daily living.

There is growing interest in positive aspects of the stress process, including positive outcomes of stress and antecedents that dispose individuals to appraise stressful situations more as a challenge than as a threat. Less attention has been given to the adaptational significance of positive emotions during stress or to the coping processes that sustain positive emotions. The study review evidence for the occurrence of positive emotions under conditions of stress, discuss the functional role that positive emotions play under such conditions, and present three types of coping that are associated with positive emotion during academic stress.

Since Adler's time, the influence of birth order on the development of personality has become a controversial issue in psychology. One modern theory of personality states that the Big Five personality traits of Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism represent most of the important elements of personality that can be measured. Contemporary empirical research shows that birth order does not influence the Big Five personality traits. In his book Born to Rebel, Frank Sulloway suggests that birth order has strong and consistent effects on the Big Five personality traits. He argues that firstborns are more conscientious, more socially dominant, less agreeable, and less open to new ideas compared to later born. The following studies represent different views of psychologists.

Mahin Etemadi Nia and Mohammad Ali Besharat (2015) compared athletes' personality characteristics in individual and team sports. 134 athletes (92 team, 42 individual, 88 males, and 46 females) completed the NEO Personality Inventory-Revised (NEO-PI-R) and the Sociotropy-Autonomy Scale (SAS). The results revealed that individual sport athletes scored significantly higher on conscientiousness and autonomy than did team sport athletes. The team sport athletes scored significantly higher on agreeableness and sociotropy than did the individual sport athletes. No significant difference was found between the two groups

on neuroticism, extraversion, and openness. It can be concluded that athletes' personality characteristics are different for individual and team sports.

Maurício Gattás et.al (2015) studied that comparison of psychological characteristics between athletes and non-athletes is one of the most explored topics in the personality study in sports. To find a possible personality profile for high-level athletes has been one of the main goals of researchers, studying and comparing samples of athletes with those of non-athletes. Two hundred and nine athletes (108 men and 101 women) from four sport modalities (volleyball, basketball, judo and swimming) and 214 non-athletes (169 men and 45 women) composed the study sample. The FPI-R (Freiburg Personality Inventory) was used to evaluate personality. Significant differences ($p < 0.05$) were found in eight out of the 12 FPI instrument variables: Inhibition, Irritability, Aggressiveness, Fatigability, Physical Complaints, Health Concern, Frankness, and Emotionality between athletes and non-athletes. When subgroups of athletes and non-athletes men and women were compared, the data indicated more generalities and small specificities in the differences between them, presenting significant differences ($p < 0.05$) in the eight variables previous mentioned, as well as in Self-satisfaction ($p < 0.05$). Finally, when non-athletes and athletes of team sports (volleyball and basketball) and individual sports (swimming and judo) were compared, once again significant differences ($p < 0.05$) were observed in the same variables and also in Self-satisfaction ($p < 0.000$) and Social Orientation ($p < 0.01$). It is observed that there are specific and unique psychological characteristics of Brazilian high-level athletes when compared with a non-athletes sample. The groups are distinguished significantly in the majority of variables, indicating that athletes present differentiated psychological characteristics

Rodica Loana Damian and Brent W. Roberts (2015) in their study on the associations of birth order with personality and intelligence in a representative sample of U.S. high school students using a between-family design and several background factors (i.e., age, sex, sib ship size, parental socio-economic status, and family structure), found that the average absolute association between birth order and personality traits was .02, whereas the one between birth order and intelligence was .04. In a between-family design, they found very small associations between birth order and personality, with an average absolute partial correlation of .02. The partial correlations between birth order and cognitive abilities were slightly higher, the

average being .04, with a maximum overall association of .08 for verbal ability, where positive associations indicate higher scores for firstborns and concluded that the magnitude of the effects would indicate that birth order is not an important consideration to either of these outcomes.

A research project directed by the **American Institutes of Research (AIR) (2015)** from the University of Leipzig and Johannes Gutenberg University of Mainz, both in Germany, looked at more than 20,000 adults from the United States, United Kingdom, and Germany, comparing siblings both within the same family, and people with the same birth order across families did not find any effect of birth order on extraversion, emotional stability, agreeableness, conscientiousness, or imagination, a sub dimension of openness. Over this entire huge population, they found that firstborns did tend to be a little more conscientious and dominant, and less sociable, but also that they tended to be more agreeable and less neurotic (which goes against the stereotype). When it came to intelligence, firstborns did have an advantage—of one IQ point. As a comparison, another study found that some adolescents' IQs changed by as much as 20 points within four years.

Anuradha, Yagnik, Vibha Sharma (2015) viewed that, "I am stressed out" is a phrase that has been echoed by teens down through the ages. The level of stress experienced by teens on a daily basis has been described in lay and professional literature. Adults often underestimate this level of stress and may not always be cognizant of the potential consequences of stress on teens and young adults. This lack of appreciation of the stress experienced by adolescents may be partially related to a lack of awareness of the sources of stress in teen life, the changing nature of stressors through time, the ever evolving complexities of adolescent life, and the tendency for adults to minimize their own personal stress during the teen years or compare their teen years to the experiences of others. Physiological development, cognitive differences, pubertal changes, immature coping mechanisms, slower recovery from stressful events, and lack of experience in dealing with stress may intensify the stressful events experienced by adolescents.

Marc Jones and David Sheffield (2014) examined the impact of game outcome on the well-being of athletes. Participants from hockey and soccer teams completed mood and general health questionnaires indicating how they had been feeling over the past few days on three separate occasions. These were four to

six days after a win; four to six days after a loss; and over 10 days since the last competition (control period). Differences in well-being were observed following wins, losses, and during the control period. Specifically, athletes reported lower depression and anger after a win compared to a loss, while lower levels of vigour were observed after a loss compared to after a win and the control period. Lower somatic symptoms were reported after a win compared to after a loss and the control period. Lower anxiety and social dysfunction symptoms were reported after a win compared to after a loss

Mark S. Allen and Sylvain Laborde (2014) contributed to understanding of these relationships and outline potential avenues of inquiry to support the development of personality-trait research in exercise and sport. Our review identified a number of novel findings from contemporary studies. In the context of sport performance, new studies have demonstrated that personality traits relate to long-term athletic success, interpersonal relationships, and athletes' psychological states before, during, and after competitions. In the context of health-related exercise, new studies have demonstrated that personality traits relate to leisure-time sitting time, strength and mobility in old age, and unhealthy (addictive) exercise behaviours. There is also evidence that physical activity contributes to personality change. Our recommendations include a more targeted focus on adolescence (as this is the age of greatest change in personality and sport participation) and a greater consideration of consultant personality traits in applied research and professional practice (given their role in intervention effectiveness).

Garfield Bester (2014) determined if peers and parents had a different impact on the personality development of the adolescent. A second aim was to determine if gender played a role in this regard. An empirical investigation was carried out involving 98 learners from Grades 8 to 11 (53 boys and 55 girls). The respondents completed instruments measuring parent-child relationship, relationship with peers, self-concept, and personality characteristics. The results indicated that the peer group, when compared with parents, had a stronger relationship with the personality development of the adolescent. This stronger relationship was more prominent in boys than in girls. Gender did, therefore, play a role.

Lehmann, Regula; Denissen, Jaap J. A.; Allemand, Mathias; Penke, Lars (2013) investigated age and gender differences in motivational manifestations of the

Big Five in a large German-speaking Internet sample (N = 19,022). Age differences were found suggesting that mean levels of neuroticism and extraversion are negatively associated with age, whereas agreeableness and conscientiousness are positively associated. Openness to experience demonstrated a curvilinear association with age, with the highest mean levels in midlife. Gender differences were found suggesting that women, on average, have higher levels of neuroticism, extraversion, and agreeableness, while men are more open to experience. Neither the main effect of gender nor Age x Gender interactions was significant in the case of conscientiousness.

Haan, Amaranta D.; Dekovic, Maja; van den Akker, Alithe L.; Stoltz, Sabine E. M. J.; Prinzie, Peter (2013) conducted a study on association between personality and gender. They examined that whether changes in children's self-reported Big Five dimensions are represented by (developmental) personality types. Latent class growth modeling yielded three personality types: Resilient (highest initial levels on all Big Five), Over controllers (lowest Extraversion, Emotional Stability, and Imagination), and Under controllers (lowest Benevolence, Conscientiousness). Gender differences in type membership were small.

Khuram Shahzad, Farhan Ahmed, and Abdul Ghaffar (2013) conducted a study on Personality and Gender as Predictors of Academic Choices: A Comparative Study of Business and Non-Business Students. The impact of personal factors on academic and professional preferences has been the topic of a number of researches. This study aimed to identify if gender and personality explain difference in business and non business students' academic programs choices. Results revealed the significant impact of big five personality traits on students' selection of business or non-business degree programs. Students from business major scored high for extroversion and emotional stability, but they scored low on agreeableness, conscientiousness, and openness. The difference in business and non-business academic preferences in terms of gender was also found significant.

Thomas J. Schofield, Rand D. Conger, M. Brent Donnellan, Rachel Jochem, Keith F. Widaman and Katherine J. Conger (2013) conducted a study on parent personality and positive parenting as predictors of positive adolescent personality development over time. They investigated the degree to which parent positive personality characteristics in terms of conscientiousness, agreeableness and emotional stability predict similar adolescent personality traits over time as well as the

role played by positive parenting in this process. Parent personality and observed positive parenting both predicted 12th graders personality. Additionally, they found evidence for an indirect link between parent personality and later adolescent personality through positive parenting. The results suggested that parents may play a significant role in the development of adolescent personality traits that promote competence and personal well-being across the life course.

Armaud et.a, (2013) opined that, Sport practice is widely encouraged, both in guidelines and in clinical practice, because of its broad range of positive effects on health. However, very limited evidence directly supports this statement among adolescents and the sport duration that we should recommend remains unknown. We aimed to determine sport durations that were associated with poor well-being. The study was conducted as survey including 1245 adolescents (16–20 years) from the general Swiss population. Participants were recruited from various settings (sport centres, peers of sport practicing adolescents, websites) and asked to complete a web-based questionnaire. Weekly sport practice was categorised into four groups: low (0–3.5 h), average (≈ recommended 7 h (3.6–10.5)), high (≈14 h (10.6–17.5)) and very high (>17.5 h). They assessed well-being using the WHO-5 Well-Being Index. Results revealed that, compared with adolescents in the average group, those in the very high group had a higher risk of poor well-being (OR 2.29 (95% CI 1.11 to 4.72)), as did those in the low group (OR 2.33 (1.58 to 3.44)). In contrast, those in the high group had a lower risk of poor well-being than those in the average group (OR 0.46 (0.23 to 0.93). It was found that, an inverted, U-shaped relationship between weekly sport practice duration and well-being among adolescents. The peak scores of well-being were around 14 h per week of sport practice, corresponding to twice the recommended 7 h. Practicing higher sport durations was an independent risk factor of poor well-being.

Marco et, al (2013) viewed that, regular physical activity is associated with a reduced risk of all-cause mortality, and mortality due to cardiovascular disease and cancer. Among adolescents, physical activity is associated with benefits in the prevention and control of emotional distress, and improvement of self-esteem. Countries in transitional epidemiological scenarios, such as Chile, need to develop effective strategies to improve physical activity as a way to face the epidemic of chronic diseases. The objective of this study was to evaluate the effects of

a school-based physical activity program on physical fitness and mental health status of adolescents living in a low socioeconomic status area in Santiago, Chile. A quasi-experimental design was used to evaluate the effects of the program over one academic year. The study included 198 students aged 15 years old. Two ninth grade classes were randomly selected as the intervention group, with two classes of the same grade as controls. A social planning approach was used to develop the intervention. The program was designed and implemented based on student preferences, teachers' expertise and local resources.

Chelsey L. VanDyke, Jonathan S. Gore (2012) conducted a study on Using Personality Profiles and Gender to Predict Affect. The hypotheses tested in this study examined how gender, extraversion and neuroticism interact to predict positive and negative effect. Results supported previous findings about the correlation between neuroticism, extraversion and negative and positive affect and people who are high on extraversion and high on neuroticism experienced the most affect variability. The correlation of extraversion and positive affect was stronger among men than women. The three-way interaction between gender, extraversion and neuroticism showed that neuroticism is most strongly related to negative affect for men who are low in extraversion. These findings are important because they show the importance of accounting for personality profiles when predicting affect.

Werner Bonte and Monika Jarosch (2012) studied gender differences in competitiveness, risk tolerance, and other personality traits: do they contribute to the gender gap in entrepreneurship? The study empirically investigated the contribution of personality traits to the gender gap in entrepreneurship. Our empirical analyses, which are based on data obtained from a large scale survey of individuals in 36 countries, suggest that a group of personality traits which we call Individual Entrepreneurial Aptitude (IEA) has a positive effect on latent and nascent entrepreneurship among women and men. Moreover, women’s considerably lower level of IEA contributes significantly to the gender gap in entrepreneurship. The lower level of IEA is mainly due to women’s lower levels of competitiveness and risk tolerance. Furthermore, these results are confirmed by the results of a country-level analysis which show that the within-country variation of entrepreneurial activities of women and men is significantly related to within-country variation of IEA.

Yanna J. Weisberg, Colin G. DeYoung and Jacob B. Hirsh (2011) conducted a study on the Gender Differences in Personality across the Ten Aspects of the Big Five. Their study investigated gender differences in personality traits, both at the level of the Big Five and at the sublevel of two aspects within each Big Five domain. Replicating previous findings, women reported higher Big Five Extraversion, Agreeableness, and Neuroticism scores than men. However, more extensive gender differences were found at the level of the aspects, with significant gender differences appearing in both aspects of every Big Five trait. For Extraversion, Openness, and Conscientiousness, the gender differences were found to diverge at the aspect level, rendering them either small or undetectable at the Big Five level. These findings clarify the nature of gender differences in personality and highlight the utility of measuring personality at the aspect level.

Paulo et.al (2011) opined that, the influence of the multidimensional character profiles on adolescents' composite wellbeing remains unexplored. This study builds on previous studies with adults, and examines the linear and non-linear associations between the dimensions of the psychobiological model of personality and well-being in adolescents. Participated in this study 1540 adolescents (M = 15.44, SD = 1.731). Personality was assessed using the Temperament and Character Inventory (TCI). Well-being was evaluated in a composite perspective: satisfaction with social support, health-related quality of life, satisfaction with life and affect. Variable-cantered and individual-centered analyses were performed. Self-directedness was strongly associated with all dimensions of affective and cognitive well-being regardless of the other two-character traits. Cooperativeness was associated with non-affective well-being and with positive effect, but only when associated to elevation of Self-directedness and Self-transcendence. Self-Directedness and Cooperativeness explained 15.5% of the non-affective well-being variance. Self-Directedness and Self-Transcendence explained 10.4% of the variance in affective well-being. This study confirms the tendencies found in previous studies with adults from other societies, where each character dimension gives an independent contribution to well-being depending on the interactions with other Character dimensions. Also, this study highlights the importance of considering the non-linear influences of the character dimensions in understanding of adolescents' wellbeing. These results have strong

implications for youth positive mental health promotion, including for school-based policies and practices.

Wim Meeus, Rens Van de Schoot, Theo Klimstra, and Susan Branje (2011) examined change and stability of the 3 personality types identified by Block and Block (1980) and studied their links with adjustment and relationships. We used data from a 5-wave study of 923 early-to-middle and 390 middle-to-late adolescents, thereby covering the ages of 12–20 years. In Study 1, systematic evidence for personality change was found, in that the number of over controllers and under controllers decreased, whereas the number of resilient increased. Under control, in particular, was found to peak in early-to-middle adolescence. We also found substantial stability of personality types, because 73.5% of the adolescents had the same personality type across the 5 waves. Personality change was mainly characterized by 2 transitions: over control 3 resiliency and under control 3 resiliencies. The transitional analyses implied that the resilient type serves more often as the end point of personality development in adolescence than do over control and under control. Analyses of the personality type trajectories also revealed that the majority of adolescents who change personality type across 5 years made only 1 transition. Study 2 revealed systematic differences between resilient and over controllers in anxiety. Stable resilient were less anxious over time than were stable over controllers. Further, change from over control to the resilient type was accompanied by decreases in anxiety, whereas change from the resilient type to over control was accompanied by an increase in anxiety. Similarly, systematic differences between personality types were found in the formation of intimate relationships.

The National Health and Nutrition Examination Survey (**NHANES) (2009)** Evidence showed that aspects of personality are associated with participation in physical activity. It was hypothesized that, among adolescents, behavioural activation (BAS) and behavioural inhibition (BIS) would be associated with physical fitness (cardiovascular fitness and percent body fat), enjoyment of exercise, tolerance of and persistence in high-intensity exercise, and affective response to an acute exercise bout. One hundred forty-six healthy adolescents completed a cardiovascular fitness test, percent body fat assessment (dual energy x-ray absorption-meter), and two 30-minute cycle ergo-meter exercise tasks at a moderate and a hard intensity. Questionnaires evaluated BIS/BAS, enjoyment of exercise, and preference and

tolerance for high-intensity activity. Affect in response to exercise was assessed using the Feeling Scale (FS) and the Activation Deactivation Adjective Check List (AD ACL). BIS was negatively correlated with cardiovascular fitness and tolerance for high-intensity exercise, and adolescents with high BIS scores reported more negative FS in response to exercise at both moderate and hard intensities. BAS was positively correlated with enjoyment of exercise, and adolescents with high BAS scores reported having more positive FS and higher Energetic Arousal on the AD ACL in response to moderate exercise. The association between BAS and affect was attenuated for the hard exercise task. These findings suggest that both the drive to avoid punishing stimuli (BIS) and the drive to approach rewarding stimuli (BAS) are related to the affective response to exercise. The BIS may be more strongly associated with fitness-related exercise behaviour among adolescents than the BAS, whereas the BAS may play a relatively greater role in terms of subjective exercise enjoyment.

Carver and White (2009) have developed and validated a paper-and-pencil measure (the BIS/BAS) that assesses individual differences in approach behaviours. The items on the BIS scale assess anxiety in response to a threatening situation, whereas the items on the BAS scale tap into the degree to which an individual tends to engage in approach-motivated activity toward a goal. Much of the research employing these scales has been designed to explore addictive and/or pathological behaviour or to identify physiological markers of BIS/BAS activation. Surprisingly, considering that the BIS and BAS are theorized to relate to individuals' motivation to engage in goal-directed behaviour, very little research has examined the utility of BIS/BAS for understanding health-related behaviours that require active engagement, such as participation in regular physical activity. A review of the relevant literature revealed one study that explicitly examined the association between BIS/BAS and physical activity-related constructs. In the study by Hall et al. BAS scores were negatively and BIS scores were positively correlated with Rating of Perceived Exertion (RPE) during an exercise task. Interestingly, the correlations between BAS and RPE disappeared at higher exercise intensities, but those between BIS and RPE did not. These results suggest that individuals who scored higher on the BIS scale were attending to a greater degree to the negative sensations that accompany exercise, regardless of the exercise intensity. In contrast, individuals who scored higher on the BAS may have paid greater attention to the positive sensations

that accompany low-intensity exercise, but this effect disappeared at higher levels of intensity

Susan et, al. (2008) emphasized the role of parents in shaping their children's personalities, recent empirical evidence suggests an evocative relationship between adolescent personality traits and the quality of the parent-adolescent relationship. Research using behaviour genetic methods suggest that the association between personality and parenting is genetically mediated, such that the genetic effects on adolescent personality traits overlap with the genetic effects on parenting behaviour. In the current study, we examined whether the etiology of this relationship might change depending on the adolescent's personality. Biometrical moderation models were utilized to test for gene-environment interaction and correlation between personality traits and measures of conflict, regard, and involvement with parents in a sample of 2,452 adolescents (M age=17.79). We found significant moderation of both positive and negative qualities of the parent-adolescent relationship, such that the genetic and environmental variance in relationship quality varied as functions of the adolescent's levels of personality. These findings support the importance of adolescent personality in the development of the quality of the parent-adolescent relationship.

Pilar Marin and Brett Brown (2008) viewed that, Adolescents spend a large proportion of their day in school or pursuing school-related activities. While the primary purpose of school is the academic development of students, its effects on adolescents are far broader, also encompassing their physical and mental health, safety, civic engagement, and social development. Further, its effects on all these outcomes are produced through a variety of activities including formal pedagogy, after-school programs, caretaking activities (e.g., feeding, providing a safe environment) as well as the informal social environment created by students and staff on a daily basis. While most reports focus on a particular aspect of the school environment (e.g., academics, safety, health promotion), this brief looks at schools more comprehensively as an environment affecting multiple aspects of adolescent development. Research has repeatedly demonstrated the interconnectedness of the pieces, with safety and health affecting the academic environment, academics affecting health and social development. For that reason, any particular aspect of school policy and activities will be better understood through the lens of that larger

context. This is particularly important as school systems have become even more pressured to focus on their main goal of academic development as a result of the federal No Child Left Behind initiative. This brief is designed to be of particular interest to school principals, district staff, and others who are responsible for all aspects of school functioning. It should also be useful to those focusing on a narrower range of school functions (e.g., academics, health and safety, civic development) who want a better sense of how their concerns fit into the larger environment. Below, we present national estimates from a variety of sources on the school environment of adolescents in the areas of health, safety, social support, academics, and civic engagement.

In a study of girls 9 to 13 years old, those who engaged in regular physical activities had higher self-esteem (**Schmalz, et al., 2007).** Playful children are happier, better adjusted, more co-operative, and more popular with their peers than those who play less. 'Children play longer when a wide variety of toys is available. Playful children are more physically active, creative, humorous, imaginative, emotionally expressive, curious and communicative'. -- Jerome Singer.

Research by Anthony Pellegrino and Robyn Holmes showed that, providing children with play breaks during the school day maximizes their attention to cognitive tasks. 'Play affords juveniles opportunities to learn and practice new skills. The more complex the organism and the corresponding skills to be learned, the longer the juvenile period is extended and the more important play seems to be well adjusted (**Pellegrini & Holmes 2006).**

Helle Pullmann, Liisa Raudsepp and Jüri Allik (2006) examined three types of personality change and continuity (mean-level, individual-level, and rank-order stability) over the 2-year period in a nationally representative longitudinal sample of Estonian adolescents (N = 876) aged 12–18. According to the Reliable Change Index, 82.1% of adolescents maintained the same level on any given personality trait measured by the NEO Five-Factorial Inventory (NEO-FFI) indicating that the individual-level continuity of adolescents did not differ compared to young adults. A reliable increase was found in Openness. Across the five dimensions, the average test–retest correlations were 0.51, 0.56 and 0.67, and the computed biennial

stability values were 0.80, 0.83 and 0.89 for age groups 12 → 14, 14 → 16 and 16 → 18 years, respectively. Neither intelligence nor school performance moderated the differential continuity

Burger (2004) poses the question of why researchers find so many differences between males and females relative to the many areas of psychology that are investigated, citing examples in the differing ways in which males and females approach achievement tasks, express emotions, and look at romance, to name but a few. Part of the answer lies in what is known regarding how gender differences are shaped: Gender differences are, in great measure, the result of the socialization that occurs within cultural groups **(Ryckman, 2000)**. Carried further, the gender differences are such that males, in the idealized version of masculinity, are expected to be physically powerful, self-sufficient, authoritative, strong-minded, autonomous, sensible, logical, unemotional, forceful, and highly competitive. Females, on the other hand, must be quite the opposite, in that they must be warmhearted, dependent, deferent, submissive, expressive, perceptive, caring, and nurturing. Unfortunately, in today's society, the ideal female traits are often a hindrance in the workplace. It is the assertive males who advance in their careers, receive the hefty salaries, and get ahead in life. Assertive females are not as readily accepted, as those much-admired male traits are somewhat less than desirable when observed in women. The studies depict different results regarding personality and gender.

Physical play was associated with boys' emotional competence with peers **(Lindsey & Colwell, 2003).** Preschoolers' emotional competence: Links to pretend and physical play. Fantasy play allows children to work through conflict and painful feelings. In play, children learn how and when to express or control their emotions. Even play fighting requires a good deal of self-control and restraint, serving as practice for exercising restraint in more serious contexts

As described by previous studies with adults conducted by Cloninger and colleagues, the personality influences on wellbeing are better described throughout non-linear associations and combinations between different temperament and character dimensions, rather than linear associations only (**Cloninger and Zohar, 2011; Josefsson et al., 2011)**. In spite of that, no study had evaluated the non-linear associations of Character dimensions of self-directedness, cooperativeness and self-transcendence with well-being in adolescents, which are significant predictors of

physical, mental, and social components of health and happiness (**Cloninger and Zohar, 2011).**

Rather than a linear phenomenon, the development of well-being encompasses complexes and non-linear interactions between personality dimensions involved in adaptation. Healthy personality development depends on the growth in self-awareness (**Cloninger, 2008)** and on the differentiation of dimensions such as strengths of character, maturity, positive emotional balance, socio-emotional intelligence, life satisfaction (true happiness), and resilience (**Vaillant, 2012).**

Personality refers to an enduring and consistent pattern of thoughts, feelings, and actions. A meta-analysis of research examining the association between personality and physical activity found that the dimension of personality that was most consistently associated with physical activity was extraversion (i.e., the tendency to be sociable, assertive, seek excitement and experience positive affect). **Carver, Sutton, and Scheier** posits that extraversion reflects the 'approach' component of a dual model of personality that bisects motivation and behaviour into two types of action tendencies: approach and avoidance (or withdrawal).

Cloninger and colleagues developed the psychobiological model of personality which conceptualizes personality as an organization of dynamic and non-linear psychobiological processes (**Cloninger et al., 1993).** The authors developed age-appropriated instruments of the Temperament and Character Inventory (TCI), which measures temperament and character dimensions. Temperament refers to individual differences in behavioral conditioning of responses to basic emotional stimuli related to fear, anger, disgust, and ambition. There are 4 TCI temperament dimensions: Novelty Seeking (NS) (i.e., impulsive vs. deliberate); Harm Avoidance (HA) (i.e., anxious vs. risktaking); Reward Dependence (RD) (i.e., sociable vs. aloof), and Persistence (PS) (i.e., determined vs. easily discouraged). Each extreme of temperament has advantages and disadvantages depending on the situation (Cloninger et al., 1993; Cervone, 2005). Character refers to individual differences in higher order socio-cognitive processes (self-concepts, and intentional values and goals) (Cloninger, 2008). The 3 dimensions of TCI character are called Self-Directedness (SD) (i.e., purposeful vs. aimless), Cooperativeness (CO) (i.e., helpful vs. hostile), and Self-Transcendence (ST) (i.e., holistic vs. self-centered) (Cloninger et al., 1993). Because Temperament refers to the tendency of responding to basic emotional

stimuli, it is more strongly related to hedonic well-being (Cloninger et al., 1998). High levels of Extroversion of the Five-Factor Model (which corresponds to low scores of the psychobiological model personality dimension of HA, Cloninger, 2010) tend to be more respondents to positive affect (Larsen and Eid, 2008). Also, high levels of Neuroticism (which corresponds to low persistence and low self-directedness (Cloninger, 2010) are associated to more reactivity to negative affect (Larsen and Eid, 2008). These results are consistent to those found in adolescents, where high levels of Harm Avoidance predicted low levels of Positive Affect (Garcia, 2011). By another hand, Character refers to higher order socio-cognitive self-regulatory processes, and is more associated to the Eudaimonic well-being (Cloninger, 2004). Both Temperament and Character are associated to physical and emotional health, although the evidences for the associations between temperament and health are less consistent (Ryff et al., 2004; Westerhof and Keyes, 2010).

Lewis R. Goldberg, Dennis Sweeney (2000) studied on Demographic variables and personality: the effects of gender, age, education, and ethnic/racial status on self-descriptions of personality attributes. The study provided the correlations between each of four demographic variables (gender, age, ethnic/racial status, and educational level) and each of the dimensions from two quite different five variable representations of personality traits. Across the four demographic variables and the five personality dimensions, we find average correlations of 0.08 with the Big-Five factors and 0.10 with the AVA vectors. Although most of the demographic-personality associations are of trivial size, two are somewhat stronger: older persons tend to describe themselves as more conscientious than younger ones, and persons with higher levels of education describe themselves as more intellectual than those with less education.

Meeus and Dekovi (1999) investigated the hypothesis that both parents and the peer group influence the personality development of the adolescent, but in different ways. The peer group's influence is the strongest during times of relaxation or recreation, while parental influence is the strongest in terms of school and career opportunities. In their research, which involved 2 777 adolescents, Meeus and Dekovi were unable to find support for the above hypothesis. According to them, the peer group has the strongest influence on the adolescent both generally and in terms of school-related matters.

Lancet (1996) viewed that; regular physical activity may have psychological benefits. **Gunter Krampen, Brltt effertz, Ursula Jostock, and Beatrix Muller (1990)** identified Gender differences in personality: Biological and/or psychological. The results of three empirical studies are reported in which the hypothesis is tested that differences in personality variables between the morph phenotype sexes can be explained by psychological sex-role orientation variables. Furthermore, it was expected that normative sex-role orientations (measured with the SRO-Sand the A WS-S Scales) and gender-related self-concepts (femininity, masculinity, and androgyny measured with a modified BSRI) explain more variance in personality variables than morph phenotype sex. The results confirmed the two aspects of intelligence studied, domain-specific self-concepts, different aspects of anxiety and aggressiveness, neuroticism, powerful others' externality in locus of control, and Machiavellianism. For all these personality variables the effect sizes of the psychological gender variables were larger than those of morph-phenotype sex and reached medium to large values.

In a study **Lyon and Vandenberg (1989)** compared the psychological functioning of 42, 1 8-22 year old women whose father had died when they were 4-12 years old with a demographically similar group of 42 women from intact families who had suffered no significant losses. Measures included a short form of the children's report of Parental Behaviour Inventory, the EPI, and the Separation Anxiety Test (SPAT). Family relationship variables were significantly related to EPI Neuroticism and SPAT attachment - individuation balance, whereas father loss contributed only to the reduction of SPAT hostility toward separation. Findings suggest that family relationship variables are more salient than father death in women's subsequent psychological functioning.

It is clear from the literature that adolescence is a period during which great differentiation takes place on the social terrain **(Rose, 2005)**. Although sports impacts the personality of the adolescents their physical and emotional dependence on their parents decreases and they move closer to the peer group. During this time, the personality development of adolescents (specifically identity formation) reaches a crisis point, and the development of a unique and stable personality is often a very difficult aspect to deal with (Ryan & Deci, 2003). If adolescents move closer to

the peer group during a period that their personality development reaches a watershed point, two questions must be asked. Firstly, to what extent does the peer group influence the personality development of the adolescent and secondly, is this influence stronger than that of the parents? Harris published a book in 1998 in which she critically evaluates the nurture assumption, which she defines as the conviction held by some that parents are the most important people in their children's environment and have the greatest influence on their development, particularly the in personality development.

2.4 REVIEW OF LITERATURE ON NEUROTIC PERSONALITY:

Since **Adler's** time, the influence of birth order on the development of personality has become a controversial issue in psychology. One modern theory of personality states that the Big Five personality traits of Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism represent most of the important elements of personality that can be measured. Contemporary empirical research shows that birth order does not influence the Big Five personality traits. In his book Born to Rebel, Frank Sulloway suggests that birth order has strong and consistent effects on the Big Five personality traits. He argues that firstborns are more conscientious, more socially dominant, less agreeable, and less open to new ideas compared to later born.

In the following pages, an attempt is made to review some of the relevant literature related to Personality characteristics of adolescents with special focus on the neurotic personality.

Mahin Etemadi Nia and Mohammad Ali Besharat (2015) compared athletes' personality characteristics in individual and team sports. 134 athletes (92 team, 42 individual, 88 males, and 46 females) completed the NEO Personality Inventory-Revised (NEO-PI-R) and the Sociotropy-Autonomy Scale (SAS). The results revealed that individual sport athletes scored significantly higher on conscientiousness and autonomy than did team sport athletes. The team sport athletes scored significantly higher on agreeableness and sociotropy than did the individual sport athletes. No significant difference was found between the two groups on neuroticism, extraversion, and openness. It can be concluded that athletes' personality characteristics are different for individual and team sports.

Maurício Gattás et.al (2015) studied that comparison of psychological characteristics between athletes and non-athletes is one of the most explored topics in the personality study in sports. To find a possible personality profile for high-level athletes has been one of the main goals of researchers, studying and comparing samples of athletes with those of non-athletes. Two hundred and nine athletes (108 men and 101 women) from four sport modalities (volleyball, basketball, judo and swimming) and 214 non-athletes (169 men and 45 women) composed the study sample. The FPI-R (Freiburg Personality Inventory) was used to evaluate personality. Significant differences ($p < 0.05$) were found in eight out of the 12 FPI instrument variables: Inhibition, Irritability, Aggressiveness, Fatigability, Physical Complaints, Health Concern, Frankness, and Emotionality between athletes and non-athletes. When subgroups of athletes and non-athletes men and women were compared, the data indicated more generalities and small specificities in the differences between them, presenting significant differences ($p < 0.05$) in the eight variables previous mentioned, as well as in Self-satisfaction ($p < 0.05$). Finally, when non-athletes and athletes of team sports (volleyball and basketball) and individual sports (swimming and judo) were compared, once again significant differences ($p < 0.05$) were observed in the same variables and also in Self-satisfaction ($p < 0.000$) and Social Orientation ($p < 0.01$). It is observed that there are specific and unique psychological characteristics of Brazilian high-level athletes when compared with a non-athletes sample. The groups are distinguished significantly in the majority of variables, indicating that athletes present differentiated psychological characteristics

Rodica Loana Damian and Brent W. Roberts (2015) in their study on the associations of birth order with personality and intelligence in a representative sample of U.S. high school students using a between-family design and several background factors (i.e., age, sex, sib ship size, parental socio-economic status, and family structure), found that the average absolute association between birth order and personality traits was .02, whereas the one between birth order and intelligence was .04. In a between-family design, they found very small associations between birth order and personality, with an average absolute partial correlation of .02. The partial correlations between birth order and cognitive abilities were slightly higher, the average being .04, with a maximum overall association of .08 for verbal ability, where positive associations indicate higher scores for firstborns and concluded that the

magnitude of the effects would indicate that birth order is not an important consideration to either of these outcomes.

A research project directed by the **American Institutes of Research (AIR) (2015)** from the University of Leipzig and Johannes Gutenberg University of Mainz, both in Germany, looked at more than 20,000 adults from the United States, United Kingdom, and Germany, comparing siblings both within the same family, and people with the same birth order across families did not find any effect of birth order on extraversion, emotional stability, agreeableness, conscientiousness, or imagination, a sub dimension of openness. Over this entire huge population, they found that firstborns did tend to be a little more conscientious and dominant, and less sociable, but also that they tended to be more agreeable and less neurotic (which goes against the stereotype). When it came to intelligence, firstborns did have an advantage—of one IQ point. As a comparison, another study found that some adolescents' IQs changed by as much as 20 points within four years.

Anuradha, Yagnik, Vibha Sharma (2015) viewed that, "I am stressed out" is a phrase that has been echoed by teens down through the ages. The level of stress experienced by teens on a daily basis has been described in lay and professional literature. Adults often underestimate this level of stress and may not always be cognizant of the potential consequences of stress on teens and young adults. This lack of appreciation of the stress experienced by adolescents may be partially related to a lack of awareness of the sources of stress in teen life, the changing nature of stressors through time, the ever evolving complexities of adolescent life, and the tendency for adults to minimize their own personal stress during the teen years or compare their teen years to the experiences of others. Physiological development, cognitive differences, pubertal changes, immature coping mechanisms, slower recovery from stressful events, and lack of experience in dealing with stress may intensify the stressful events experienced by adolescents.

Garfield Bester (2014) determined if peers and parents had a different impact on the personality development of the adolescent. A second aim was to determine if gender played a role in this regard. An empirical investigation was carried out involving 98 learners from Grades 8 to 11 (53 boys and 55 girls). The respondents completed instruments measuring parent-child relationship, relationship with peers, self-concept, and personality characteristics. The results indicated that the

peer group, when compared with parents, had a stronger relationship with the personality development of the adolescent. This stronger relationship was more prominent in boys than in girls. Gender did, therefore, play a role.

Lehmann, Regula; Denissen, Jaap J. A.; Allemand, Mathias; Penke, Lars (2013) investigated age and gender differences in motivational manifestations of the Big Five in a large German-speaking Internet sample (N = 19,022). Age differences were found suggesting that mean levels of neuroticism and extraversion are negatively associated with age, whereas agreeableness and conscientiousness are positively associated. Openness to experience demonstrated a curvilinear association with age, with the highest mean levels in midlife. Gender differences were found suggesting that women, on average, have higher levels of neuroticism, extraversion, and agreeableness, while men are more open to experience. Neither the main effect of gender nor Age x Gender interactions was significant in the case of conscientiousness.

Haan, Amaranta D.; Dekovic, Maja; van den Akker, Alithe L.; Stoltz, Sabine E. M. J.; Prinzie, Peter (2013) conducted a study on association between personality and gender. They examined that whether changes in children's self-reported Big Five dimensions are represented by (developmental) personality types. Latent class growth modeling yielded three personality types: Resilient (highest initial levels on all Big Five), Over controllers (lowest Extraversion, Emotional Stability, and Imagination), and Under controllers (lowest Benevolence, Conscientiousness). Gender differences in type membership were small.

Khuram Shahzad, Farhan Ahmed, and Abdul Ghaffar (2013) conducted a study on Personality and Gender as Predictors of Academic Choices: A Comparative Study of Business and Non-Business Students. The impact of personal factors on academic and professional preferences has been the topic of a number of researches. This study aimed to identify if gender and personality explain difference in business and non business students' academic programs choices. Results revealed the significant impact of big five personality traits on students' selection of business or non-business degree programs. Students from business major scored high for extroversion and emotional stability, but they scored low on agreeableness, conscientiousness, and openness. The difference in business and non-business academic preferences in terms of gender was also found significant.

Thomas J. Schofield, Rand D. Conger, M. Brent Donnellan, Rachel Jochem, Keith F. Widaman and Katherine J. Conger (2013) conducted a study on parent personality and positive parenting as predictors of positive adolescent personality development over time. They investigated the degree to which parent positive personality characteristics in terms of conscientiousness, agreeableness and emotional stability predict similar adolescent personality traits over time as well as the role played by positive parenting in this process. Parent personality and observed positive parenting both predicted 12th graders personality. Additionally, they found evidence for an indirect link between parent personality and later adolescent personality through positive parenting. The results suggested that parents may play a significant role in the development of adolescent personality traits that promote competence and personal well-being across the life course.

Chelsey L. VanDyke, Jonathan S. Gore (2012) conducted a study on Using Personality Profiles and Gender to Predict Affect. The hypotheses tested in this study examined how gender, extraversion and neuroticism interact to predict positive and negative effect. Results supported previous findings about the correlation between neuroticism, extraversion and negative and positive affect and people who are high on extraversion and high on neuroticism experienced the most affect variability. The correlation of extraversion and positive affect was stronger among men than women. The three-way interaction between gender, extraversion and neuroticism showed that neuroticism is most strongly related to negative affect for men who are low in extraversion. These findings are important because they show the importance of accounting for personality profiles when predicting affect.

Werner Bonte and Monika Jarosch (2012) studied gender differences in competitiveness, risk tolerance, and other personality traits: do they contribute to the gender gap in entrepreneurship? The study empirically investigated the contribution of personality traits to the gender gap in entrepreneurship. Our empirical analyses, which are based on data obtained from a large scale survey of individuals in 36 countries, suggest that a group of personality traits which we call Individual Entrepreneurial Aptitude (IEA) has a positive effect on latent and nascent entrepreneurship among women and men. Moreover, women's considerably lower level of IEA contributes significantly to the gender gap in entrepreneurship. The lower level of IEA is mainly due to women's lower levels of competitiveness and risk

tolerance. Furthermore, these results are confirmed by the results of a country-level analysis which show that the within-country variation of entrepreneurial activities of women and men is significantly related to within-country variation of IEA.

Yanna J. Weisberg, Colin G. DeYoung and Jacob B. Hirsh (2011) conducted a study on the Gender Differences in Personality across the Ten Aspects of the Big Five. Their study investigated gender differences in personality traits, both at the level of the Big Five and at the sublevel of two aspects within each Big Five domain. Replicating previous findings, women reported higher Big Five Extraversion, Agreeableness, and Neuroticism scores than men. However, more extensive gender differences were found at the level of the aspects, with significant gender differences appearing in both aspects of every Big Five trait. For Extraversion, Openness, and Conscientiousness, the gender differences were found to diverge at the aspect level, rendering them either small or undetectable at the Big Five level. These findings clarify the nature of gender differences in personality and highlight the utility of measuring personality at the aspect level.

Paulo et.al (2011) opined that, the influence of the multidimensional character profiles on adolescents' composite wellbeing remains unexplored. This study builds on previous studies with adults, and examines the linear and non-linear associations between the dimensions of the psychobiological model of personality and well-being in adolescents. Participated in this study 1540 adolescents (M = 15.44, SD = 1.731). Personality was assessed using the Temperament and Character Inventory (TCI). Well-being was evaluated in a composite perspective: satisfaction with social support, health-related quality of life, satisfaction with life and affect. Variable-cantered and individual-centered analyses were performed. Self-directedness was strongly associated with all dimensions of affective and cognitive well-being regardless of the other two-character traits. Cooperativeness was associated with non-affective well-being and with positive effect, but only when associated to elevation of Self-directedness and Self-transcendence. Self-Directedness and Cooperativeness explained 15.5% of the non-affective well-being variance. Self-Directedness and Self-Transcendence explained 10.4% of the variance in affective well-being. This study confirms the tendencies found in previous studies with adults from other societies, where each character dimension gives an independent contribution to well-being depending on the interactions with other Character dimensions. Also, this study

highlights the importance of considering the non-linear influences of the character dimensions in understanding of adolescents' wellbeing. These results have strong implications for youth positive mental health promotion, including for school-based policies and practices.

Wim Meeus, Rens Van de Schoot, Theo Klimstra, and Susan Branje (2011) examined change and stability of the 3 personality types identified by Block and Block (1980) and studied their links with adjustment and relationships. We used data from a 5-wave study of 923 early-to-middle and 390 middle-to-late adolescents, thereby covering the ages of 12–20 years. In Study 1, systematic evidence for personality change was found, in that the number of over controllers and under controllers decreased, whereas the number of resilient increased. Under control, in particular, was found to peak in early-to-middle adolescence. We also found substantial stability of personality types, because 73.5% of the adolescents had the same personality type across the 5 waves. Personality change was mainly characterized by 2 transitions: over control 3 resiliency and under control 3 resiliencies. The transitional analyses implied that the resilient type serves more often as the end point of personality development in adolescence than do over control and under control. Analyses of the personality type trajectories also revealed that the majority of adolescents who change personality type across 5 years made only 1 transition. Study 2 revealed systematic differences between resilient and over controllers in anxiety. Stable resilient were less anxious over time than were stable over controllers. Further, change from over control to the resilient type was accompanied by decreases in anxiety, whereas change from the resilient type to over control was accompanied by an increase in anxiety. Similarly, systematic differences between personality types were found in the formation of intimate relationships.

The relationship between coping and personality traits was examined by **Eksin(2010)** with 237 students (53.2 % male; mean age = 22.22 years old) who were enrolled in classes at Marmara University in Istanbul, Turkey. The participants responded to the Ways of Coping with Stress Scale (WCSS) and the NEO Five Factor Inventory (NEO-FFI). The canonical correlation analysis showed that those who were high in conscientiousness tend to use more self-confident, optimistic, and turning to religion coping strategies whereas those who were high in extraversion were more

likely to use self-confident and seeking of social support strategies in stressful situations.

The National Health and Nutrition Examination Survey (**NHANES) (2009)** Evidence showed that aspects of personality are associated with participation in physical activity. It was hypothesized that, among adolescents, behavioural activation (BAS) and behavioural inhibition (BIS) would be associated with physical fitness (cardiovascular fitness and percent body fat), enjoyment of exercise, tolerance of and persistence in high-intensity exercise, and affective response to an acute exercise bout. One hundred forty-six healthy adolescents completed a cardiovascular fitness test, percent body fat assessment (dual energy x-ray absorption-meter), and two 30-minute cycle ergo-meter exercise tasks at a moderate and a hard intensity. Questionnaires evaluated BIS/BAS, enjoyment of exercise, and preference and tolerance for high-intensity activity. Affect in response to exercise was assessed using the Feeling Scale (FS) and the Activation Deactivation Adjective Check List (AD ACL). BIS was negatively correlated with cardiovascular fitness and tolerance for high-intensity exercise, and adolescents with high BIS scores reported more negative FS in response to exercise at both moderate and hard intensities. BAS was positively correlated with enjoyment of exercise, and adolescents with high BAS scores reported having more positive FS and higher Energetic Arousal on the AD ACL in response to moderate exercise. The association between BAS and affect was attenuated for the hard exercise task. These findings suggest that both the drive to avoid punishing stimuli (BIS) and the drive to approach rewarding stimuli (BAS) are related to the affective response to exercise. The BIS may be more strongly associated with fitness-related exercise behaviour among adolescents than the BAS, whereas the BAS may play a relatively greater role in terms of subjective exercise enjoyment.

Carver and White (2009) have developed and validated a paper-and-pencil measure (the BIS/BAS) that assesses individual differences in approach behaviours. The items on the BIS scale assess anxiety in response to a threatening situation, whereas the items on the BAS scale tap into the degree to which an individual tends to engage in approach-motivated activity toward a goal. Much of the research employing these scales has been designed to explore addictive and/or pathological behaviour or to identify physiological markers of BIS/BAS activation.

Surprisingly, considering that the BIS and BAS are theorized to relate to individuals' motivation to engage in goal-directed behaviour, very little research has examined the utility of BIS/BAS for understanding health-related behaviours that require active engagement, such as participation in regular physical activity. A review of the relevant literature revealed one study that explicitly examined the association between BIS/BAS and physical activity-related constructs. In the study by Hall et al. BAS scores were negatively and BIS scores were positively correlated with Rating of Perceived Exertion (RPE) during an exercise task. Interestingly, the correlations between BAS and RPE disappeared at higher exercise intensities, but those between BIS and RPE did not. These results suggest that individuals who scored higher on the BIS scale were attending to a greater degree to the negative sensations that accompany exercise, regardless of the exercise intensity. In contrast, individuals who scored higher on the BAS may have paid greater attention to the positive sensations that accompany low-intensity exercise, but this effect disappeared at higher levels of intensity.

Joshi and Tomar (2009) explored the differences between Optimist and Pessimist adolescents on Emotional Maturity, Depression and Coping Strategies. The data was collected on 144(86 optimists and 58 pessimist) adolescents. The result of the present study revealed a significant difference between Optimists and Pessimists on Emotional Maturity and its dimensions. On Depression, Optimists and Pessimists did not differ on Sleep Disturbance and the feeling of Sadness. Optimists were found to possess a tendency of using Planful Problem Solving and Positive Reappraisal more as compared to Pessimists when in a stressful situation.

Susan et, al. (2008) emphasized the role of parents in shaping their children's personalities, recent empirical evidence suggests an evocative relationship between adolescent personality traits and the quality of the parent-adolescent relationship. Research using behaviour genetic methods suggest that the association between personality and parenting is genetically mediated, such that the genetic effects on adolescent personality traits overlap with the genetic effects on parenting behaviour. In the current study, we examined whether the etiology of this relationship might change depending on the adolescent's personality. Biometrical moderation models were utilized to test for gene-environment interaction and correlation between personality traits and measures of conflict, regard, and involvement with parents in a

sample of 2,452 adolescents (M age=17.79). We found significant moderation of both positive and negative qualities of the parent-adolescent relationship, such that the genetic and environmental variance in relationship quality varied as functions of the adolescent's levels of personality. These findings support the importance of adolescent personality in the development of the quality of the parent-adolescent relationship.

Pilar Marin and Brett Brown (2008) viewed that, Adolescents spend a large proportion of their day in school or pursuing school-related activities. While the primary purpose of school is the academic development of students, its effects on adolescents are far broader, also encompassing their physical and mental health, safety, civic engagement, and social development. Further, its effects on all these outcomes are produced through a variety of activities including formal pedagogy, after-school programs, caretaking activities (e.g., feeding, providing a safe environment) as well as the informal social environment created by students and staff on a daily basis. While most reports focus on a particular aspect of the school environment (e.g., academics, safety, health promotion), this brief looks at schools more comprehensively as an environment affecting multiple aspects of adolescent development. Research has repeatedly demonstrated the interconnectedness of the pieces, with safety and health affecting the academic environment, academics affecting health and social development. For that reason, any particular aspect of school policy and activities will be better understood through the lens of that larger context. This is particularly important as school systems have become even more pressured to focus on their main goal of academic development as a result of the federal No Child Left Behind initiative. This brief is designed to be of particular interest to school principals, district staff, and others who are responsible for all aspects of school functioning. It should also be useful to those focusing on a narrower range of school functions (e.g., academics, health and safety, civic development) who want a better sense of how their concerns fit into the larger environment. Below, we present national estimates from a variety of sources on the school environment of adolescents in the areas of health, safety, social support, academics, and civic engagement.

Batool Pashang and Mridula Singh (2008) studied the relationship of Emotional Intelligence (E.I) with Coping strategies, in adults (n=599). The mean scores on problem solving, distraction positive and acceptance strategies showed that

the subjects with high levels of Emotional intelligence used these strategies more than those with low levels of Emotional intelligence. On the other hand, the subjects with the lowest levels of Emotional intelligence coped with their anxiety through distraction negative, religion, denial or social support more than other strategies.

Research by Anthony Pellegrino and Robyn Holmes showed that, providing children with play breaks during the school day maximizes their attention to cognitive tasks. 'Play affords juveniles opportunities to learn and practice new skills. The more complex the organism and the corresponding skills to be learned, the longer the juvenile period is extended and the more important play seems to be well adjusted (**Pellegrini & Holmes 2006).**

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deferent, submissive, expressive, perceptive, caring, and nurturing. Unfortunately, in today's society, the ideal female traits are often a hindrance in the workplace. It is the assertive males who advance in their careers, receive the hefty salaries, and get ahead in life. Assertive females are not as readily accepted, as those much-admired male traits are somewhat less than desirable when observed in women. The studies depict different results regarding personality and gender.

Physical play was associated with boys' emotional competence with peers **(Lindsey & Colwell, 2003).** Preschoolers' emotional competence: Links to pretend and physical play. Fantasy play allows children to work through conflict and painful feelings. In play, children learn how and when to express or control their emotions. Even play fighting requires a good deal of self-control and restraint, serving as practice for exercising restraint in more serious contexts

Previous studies with adults conducted by Cloninger and colleagues, the personality influences on wellbeing are better described throughout non-linear associations and combinations between different temperament and character dimensions, rather than linear associations only (**Cloninger and Zohar, 2011; Josefsson et al., 2011)**. In spite of that, no study had evaluated the non-linear associations of Character dimensions of self-directedness, cooperativeness and self-transcendence with well-being in adolescents, which are significant predictors of physical, mental, and social components of health and happiness (**Cloninger and Zohar, 2011).**

Rather than a linear phenomenon, the development of well-being encompasses complexes and non-linear interactions between personality dimensions involved in adaptation. Healthy personality development depends on the growth in self-awareness (**Cloninger, 2008)** and on the differentiation of dimensions such as strengths of character, maturity, positive emotional balance, socio-emotional intelligence, life satisfaction (true happiness), and resilience (**Vaillant, 2012).**

Personality refers to an enduring and consistent pattern of thoughts, feelings, and actions. A meta-analysis of research examining the association between personality and physical activity found that the dimension of personality that was most consistently associated with physical activity was extraversion (i.e., the tendency to be sociable, assertive, seek excitement and experience positive affect). **Carver,**

Sutton, and Scheier posits that extraversion reflects the 'approach' component of a dual model of personality that bisects motivation and behaviour into two types of action tendencies: approach and avoidance (or withdrawal).

Cloninger and colleagues developed the psychobiological model of personality which conceptualizes personality as an organization of dynamic and non-linear psychobiological processes (**Cloninger et al., 1993).** The authors developed age-appropriated instruments of the Temperament and Character Inventory (TCI), which measures temperament and character dimensions. Temperament refers to individual differences in behavioral conditioning of responses to basic emotional stimuli related to fear, anger, disgust, and ambition. There are 4 TCI temperament dimensions: Novelty Seeking (NS) (i.e., impulsive vs. deliberate); Harm Avoidance (HA) (i.e., anxious vs. risktaking); Reward Dependence (RD) (i.e., sociable vs. aloof), and Persistence (PS) (i.e., determined vs. easily discouraged). Each extreme of temperament has advantages and disadvantages depending on the situation (Cloninger et al., 1993; Cervone, 2005). Character refers to individual differences in higher order socio-cognitive processes (self-concepts, and intentional values and goals) (Cloninger, 2008). The 3 dimensions of TCI character are called Self-Directedness (SD) (i.e., purposeful vs. aimless), Cooperativeness (CO) (i.e., helpful vs. hostile), and Self-Transcendence (ST) (i.e., holistic vs. self-centered) (Cloninger et al., 1993). Because Temperament refers to the tendency of responding to basic emotional stimuli, it is more strongly related to hedonic well-being (Cloninger et al., 1998). High levels of Extroversion of the Five-Factor Model (which corresponds to low scores of the psychobiological model personality dimension of HA, Cloninger, 2010) tend to be more respondents to positive affect (Larsen and Eid, 2008). Also, high levels of Neuroticism (which corresponds to low persistence and low self-directedness (Cloninger, 2010) are associated to more reactivity to negative affect (Larsen and Eid, 2008). These results are consistent to those found in adolescents, where high levels of Harm Avoidance predicted low levels of Positive Affect (Garcia, 2011). By another hand, Character refers to higher order socio-cognitive self-regulatory processes, and is more associated to the Eudaimonic well-being (Cloninger, 2004). Both Temperament and Character are associated to physical and emotional health, although the evidences for the associations between temperament and health are less consistent (Ryff et al., 2004; Westerhof and Keyes, 2010).

Lewis R. Goldberg, Dennis Sweeney (2000) studied on Demographic variables and personality: the effects of gender, age, education, and ethnic/racial status on self-descriptions of personality attributes. The study provided the correlations between each of four demographic variables (gender, age, ethnic/racial status, and educational level) and each of the dimensions from two quite different five variable representations of personality traits. Across the four demographic variables and the five personality dimensions, we find average correlations of 0.08 with the Big-Five factors and 0.10 with the AVA vectors. Although most of the demographic-personality associations are of trivial size, two are somewhat stronger: older persons tend to describe themselves as more conscientious than younger ones, and persons with higher levels of education describe themselves as more intellectual than those with less education.

Meeus and Dekovi (1999) investigated the hypothesis that both parents and the peer group influence the personality development of the adolescent, but in different ways. The peer group's influence is the strongest during times of relaxation or recreation, while parental influence is the strongest in terms of school and career opportunities. In their research, which involved 2 777 adolescents, Meeus and Dekovi were unable to find support for the above hypothesis. According to them, the peer group has the strongest influence on the adolescent both generally and in terms of school-related matters.

Ayala M. Pines (1998) conducted a prospective study of personality and gender differences in romantic attraction. Findings show significant gender differences: men described themselves as more attracted to the physical appearance of their mate, while women's level of intimacy, commitment and security were higher than men's. There were also different patterns of correlations between the CAQ items and the romantic attachment factors for men and women that support the psychodynamic and evolutionary perspectives.

Sippola (1996) maintained that children from families with high cohesion show a strong self-image, irrespective of friendship stability (acquiring or losing friends). However, friendship stability influences the self-image of the child in families with weak cohesion. Rodgers and Rose (2002) came to the conclusion from their research results that, in a divorced singleparent family, peer support moderated the effect of low parental support while Laible, Carlo and Raffaelli (2000) found that

adolescents with a secure attachment to peers, but an insecure attachment to their parents, were significantly better adjusted than those with an insecure attachment to peers but a secure attachment to parents.

Lancet (1996) viewed that; regular physical activity may have psychological benefits. **Gunter Krampen, Brltt effertz, Ursula Jostock, and Beatrix Muller (1990)** identified Gender differences in personality: Biological and/or psychological. The results of three empirical studies are reported in which the hypothesis is tested that differences in personality variables between the morph phenotype sexes can be explained by psychological sex-role orientation variables. Furthermore, it was expected that normative sex-role orientations (measured with the SRO-Sand the A WS-S Scales) and gender-related self-concepts (femininity, masculinity, and androgyny measured with a modified BSRI) explain more variance in personality variables than morph phenotype sex. The results confirmed the two aspects of intelligence studied, domain-specific self-concepts, different aspects of anxiety and aggressiveness, neuroticism, powerful others' externality in locus of control, and Machiavellianism. For all these personality variables the effect sizes of the psychological gender variables were larger than those of morph-phenotype sex and reached medium to large values.

In a study **Lyon and Vandenberg (1989)** compared the psychological functioning of 42, 1 8-22 year old women whose father had died when they were 4-12 years old with a demographically similar group of 42 women from intact families who had suffered no significant losses. Measures included a short form of the children's report of Parental Behaviour Inventory, the EPI, and the Separation Anxiety Test (SPAT). Family relationship variables were significantly related to EPI Neuroticism and SPAT attachment - individuation balance, whereas father loss contributed only to the reduction of SPAT hostility toward separation. Findings suggest that family relationship variables are more salient than father death in women's subsequent psychological functioning.

Personality is a significant predictor of mental health (Cloninger et al., 1997; Gestsdóttir and Lerner, 2007; Davydov et al., 2010), including positive mental health/wellbeing (Cloninger and Zohar, 2011; Josefsson et al., 2011; Butkovic et al., 2012). Healthy personality development is related to several aspects of well-being and there is a need for integrating the contributions of personality to well-being

on current approaches to mental health (Seligman, 2008; Cloninger,2012; Vaillant, 2012) Studies using personality models derived from linear factor analyses, such as the Five-Factor Model (FFM) (McCrae and Costa, 1991; Gutiérrez et al., 2005), found negative associations between Neuroticism and happiness and psychological wellbeing (Stewart et al., 2005; Garcia, 2011), positive associations between Neuroticism and negative affect between Openness and positive affect and between Conscientiousness and life satisfaction (DeNeve and Cooper, 1998; Garcia, 2011). Extraversion was found to be positively related to positive affect (Diener et al., 2003; Lyubomirsky et al., 2006; Garcia, 2011). Eysenck's dimension of Extraversion was found to be associated to happiness and to loneliness and Neuroticism was negatively correlated to happiness (Cheng and Furnham,2002). Mixed results of positive relation (Huebner et al., 2004) and absence of relation (Rigby and Huebner, 2005) have been found for the relation between Extraversion and life satisfaction among and adolescents.

It is clear from the literature that adolescence is a period during which great differentiation takes place on the social terrain **(Rose, 2005)**. Although sports impacts the personality of the adolescents their physical and emotional dependence on their parents decreases and they move closer to the peer group. During this time, the personality development of adolescents (specifically identity formation) reaches a crisis point, and the development of a unique and stable personality is often a very difficult aspect to deal with (**Ryan & Deci, 2003).**

If adolescents move closer to the peer group during a period that their personality development reaches a watershed point, two questions must be asked. Firstly, to what extent does the peer group influence the personality development of the adolescent and secondly, is this influence stronger than that of the parents? Harris published a book in 1998 in which she critically evaluates the nurture assumption, which she defines as the conviction held by some that parents are the most important people in their children's environment and have the greatest influence on their development, particularly the in personality development.

From the aforesaid review of literature, it is clear that the psychological factors such as Stress, Emoitional/Behavioural problems and neurotic personality play a very important role in the development of behavior among adolescents. These Personality characteristics in the adolescence help to adjust better

to the changing demands of the teenage. The review of literature also throws light on the positive correlation between the three variables namely Stress, Emoitional/Behavioural problems and neurotic personality.

In view of the above literature the study is aimed to study the three factors – Sources of stress, Emotional/behavioural problems and Neurotic personality among the adolescents.

CHAPTER - III

METHODOLOGY

3.1 INTRODUCTION

Major responsibility of the researcher is to set up a research design capable of providing the solution of the problem while unity of research makes it possible to say that one aspect is more crucial than another design is overall scheme of research and research design is a strategy of investigation. In any research project, design provides the investigator a blue print of research dictates the boundaries of the project and helps in controlling the experimental extraneous and error variance of the problem under investigation.

The present chapter describes the design or plan of the study and highlights the details about the research procedure followed in conducting the study. As such, it is an important part of the research study and needs to be planned and carried out systematically to arrive at accurate judgments. It includes information about the population, the sampling frame, the nature and form of data collection, tools, methods of collecting data and statistical techniques used for analysis of data etc. In order to achieve the objectives and the stated corresponding hypotheses, the following plan of the study has been followed.

3.2 STATEMENT OF THE PROBLEM

An adolescent is considered as a sensitive period in an individual's life span. Adolescence is often characterized as a period of internal turmoil and external reckless when the adolescents smoke, take drugs, have sex and commit crimes to demonstrate their adulthood (Morffit, 1993). In addition, they have to contend with many developmental problems associated with this unique transitional stage when they experience rapid and striking metamorphosis physically, emotionally, cognitively and socially (Schacter, Gilkbert & Wegner, 2009)

Further in the present competitive world adolescents are also facing enhanced difficulties or stress due to fierce competition in academics, career, peer pressures, parental expectations etc. These all stressors enforced them to cope up not only with the physical demand but also to fit for academic and social demands. The appropriate coping leads towards normal development of personality but otherwise will bring negative aspects in their Personality. Since stress especially in adolescence interferes with normal adolescent development by affecting their physical as well a mental health, studies of adolescents are therefore important for an understanding of the factors and dynamics associated with their emotional, behavior and personality manifestation.

The significance of stress in the etiology of personality is well established as epidemiological studies have noted that much of the emotional and behavior problems which take place in personality development occur in adolescents' period (Swadi H, 2000 & Gilvary E; 1999). In addition, substantial evidence implicates life stress and the personality trait of neuroticism (Ormel J, Wohlfarth TD; 1991). Neuroticism was initially designed to measure emotionality and has been identified as a major personality dimension by nearly all subsequent investigators. In building comprehensive models for the causes of neurotic or personality disorder, distinct risk factors interact in the etiology of illness. Among these factors stress found to be significant for the susceptibility of neuroticism in adolescents population. In reference of relation of neurotism with stress Goleman (1997) reported that neurotic respond more poorly to environmental stress, are more likely to interpret ordinary situations as threatening and minor frustrations as hopelessly difficult. They are often self-conscious and shy, and they may have trouble controlling urges and delaying gratification. Neuroticism has an inherent negative denotation (Bradsaw 1997) although (sometimes reversed and called Emotional Stability), an enduring tendency to experience negative emotional states and such feelings such as anxiety, anger, guilt, and depressed mood (Mathews & Deary 1998)

To explain the stress in relation to emotional state as well with personality it was found that neuroticism is associated with low emotional

intelligence, which involves emotional regulation, motivation, and interpersonal skills. It is also a risk factor for "internalizing" mental disorders such as phobia, depression, panic disorder, and other anxiety disorders traditionally called neuroses (Hettema, Neale, Myers, Prescott, & Kendler 2006). Individuals who are high in neuroticism may show more emotional reactions whenever confronted with stressful situations (Van Heck, 1997). Moreover, they seem to use avoiding and distracting coping strategies such as denying, wishful thinking, and self-criticism, rather than more approaching strategies (Bloger, 1990; Heppner et al., 1995; McCrae & Costa, 1986). Ineffective coping with stressful situations in the work environment makes individuals who are high in neuroticism more vulnerable to the symptoms that are typically associated with burnout (Bakker, Van der Zee, Lewig & Dollard 2006). To conclude stress are central to understanding psychological distress and psychopathology during adolescence Bruce E. Compas (1993). The present study made its effort to examine role of various sources of stress for emotional, behavioural syndromes as well as for neurotic personality among non-clinical adolescents'

Although several studies have reported findings concerning the association of stress with emotional/behavioural problems as well as with neurotic personality, little research has investigated this association among non-clinical adolescents and also less emphasized were given to examine the source of stress. In view of aforesaid the present investigation has made its effort to study the various sources of stress and their predictive value for emotional and behavior problems as well as for neurotic personality.

3.3 TITLE OF THE STUDY

The aim of the present research work is ***"To study the sources of stress as a predictor of Emotional/ Behavioural disorder and Neurotic Personality among Adolescents".***

3.4 SIGNIFICANCE OF THE STUDY

There is paucity of reports on emotional and behavior problems and on neurotic personality due to stress among the general adolescent population. The prevalence of emotional and behavior problems which may not present with

overt psychiatric manifestations among non- clinical adolescents are less emphasized in studies as such adolescents may not appreciate their problems are less emphasized in studies as such adolescents may not appreciate their problems and therefore will not present to the hospital.

The Present study will provide useful information regarding this population that will assist health professionals in designing effective preventive measures for them. The findings of the present study would also be signify its role by sound an alarm for parents, teachers, paediatricians and others responsible for adolescent's health that adolescent may well signal the fire of emotional, behavioural and personality disorders due to various stressors.

3.5 OBJECTIVES OF THE PRESENT STUDY

The following are the objectives of the present research study;

1. To ascertain the relation of different sources of students stress with Emotional and Behavioural problems categorised into three groups among adolescents;

a) Internalizing syndrome

- ✓ Withdrawn depressed
- ✓ Anxious depressed
- ✓ Somatic complaints

b) Externalizing Syndrome

- ✓ Rule breaking behaviours
- ✓ Aggressive behaviours

c) Neither internalizing nor externalizing

- ✓ Social problems
- ✓ Thought problems

✓ Attention problems

2. To explore the correlation of different sources of students stress with Neurotic Personality among adolescents
3. To ascertain the sources of students stress as a predictor of adolescents'-

a) Internalizing syndrome

✓ Withdrawn depressed

✓ Anxious depressed

✓ Somatic complaints

b) Externalizing Syndrome

✓ Rule breaking behaviours

✓ Aggressive behaviours

c) Neither internalizing nor externalizing

✓ Social problems

✓ Thought problems

✓ Attention problems

4. To study the sources of students stress as a predictor of neurotic tendency is significantly.

3.6 OPERATIONAL DEFINITIONS OF THE TERMS

1. Stress: Hans Selye defined stress as the nonspecific response of the body to a demand for a change**.** Stress is the body's way of responding to a demand. Stress arises when a situation is perceived as stressful. Stress is often associated with situations that you find difficult to handle

2. Personality: Pervin (1996) defines that personality is the complex organization, affects, and behaviours that gives direction and pattern to the person's life. Personality includes the effect of past, including memories of the past, as well as construction of the present and future. Neurotic personality is the tendency for

quick arousal when stimulated and slow relaxation from arousal, especially in concern to negative emotional arousal; others define it as emotional instability and negativity or maladjustment, in contrast to emotional stability and positivity, or good adjustment.

3. **Behavioral and emotional problems** refer to a disability classification used in educational settings that allows educational institutions to provide special education and related services to students who have displayed poor social and/or academic progress.

3.7 HYPOTHESIS

1. **Hypothesis 1:** There will be significant correlation of different sources of students stress with Emotional and behavioural problems among adolescents regarding Internalizing syndrome (Withdrawn depressed, Anxious depressed and Somatic complaints).
2. **Hypothesis 2:** There will be significant correlation of different sources of students stress with Emotional and behavioural problems among adolescents regarding Externalizing Syndrome (Rule breaking behaviours and Aggressive behaviours).
3. **Hypothesis 3**: There will be significant correlation of different sources of students stress with Emotional and behavioural problems among adolescents regarding Neither internalizing nor externalizing (social problems, Thought problems and Attention problems).
4. **Hypothesis 4**: There will be significant correlation of different sources of students stress with neurotic tendency among adolescents
5. **Hypothesis 5:** Sources of students stress are significant predictor of adolescents' Internalizing syndrome (Withdrawn depressed, Anxious depressed and Somatic complaints).
6. **Hypothesis 6:** Sources of students stress are significant predictor of adolescents' Externalizing Syndrome (Rule breaking behaviours and Aggressive behaviours).

7. **Hypothesis 7:** Sources of students stress are significant predictor of adolescents' Neither internalizing nor externalizing (Social problems, Thought problems and Attention problems).
8. **Hypothesis 8:** The variance in adolescents' neurotic tendency is significantly explained by sources of students stress.

3.8 METHOD AND PROCEDURE

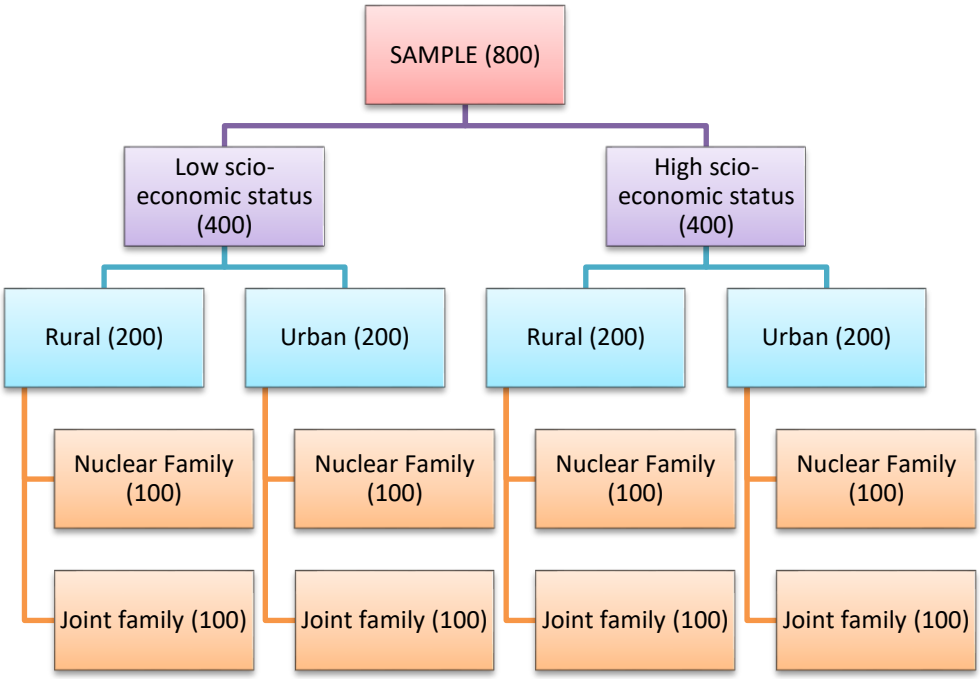
3.8.1 Sample

Sampling is that part of statistical practice concerned with the selection of a subset of individuals from within a population to yield some knowledge about the whole population, especially for the purpose of making predictions based on the statistical inference. The main advantages of sampling are that the cost is lower, data collection is faster, and when the data set is smaller, it is possible to ensure homogeneity and to improve the accuracy and quality of the data. It is not possible for the researcher to survey the entire population, so an appropriate sample is drawn from the whole population to make our results reliable.

For this research work, a random sampling technique is used to collect the sample subjects. The present study is conducted among male college students of Marathwada region. The college students are chosen because they provide the most accessible population of adolescents who would have stress and its resultant emotion/ behavioural problems and personality. A random sampling method is employed to select the sample. Total 800 respondents are taken for this study. The efforts is made to select the sample as representative as possible in terms of socio-economic status, living area and family type.

An index of Socio-economic status, living area and family type wise breakup of the respondents can be had from the following table

Table 1: Sample distribution:



3.8.2 Variables for the Study

The variables in the present study are;

Independent Variable

Source of stress

- ✓ Financial
- ✓ Family
- ✓ Social
- ✓ Education
- ✓ Ego-Threat
- ✓ Bereavement
- ✓ Separation
- ✓ Personal Setback
- ✓ Health of Others

Dependent Variable

a) Emotional and behavioural problems categorised under three subgroups-

1. Internalizing syndrome

✓ Withdrawn depressed

✓ Anxious depressed

✓ Somatic complaints

2. Externalizing Syndrome

✓ Rule breaking behaviours

✓ Aggressive behaviours

3. Neither internalizing nor externalizing

✓ social problems

✓ Thought problems

b) Neurotic personality

3.8.3 Design of the Study

As there is only one independent variable namely Sources of Stress with nine sub-factors namely; Financial, Family, Social, Education, Ego-Threat, Bereavement, Separation, Personal Setback and Health of Others and the study needs to examine the correlation between the independent and the dependent variables, a correlation design is used in the study.

Correlation Design:

Independent Variable	Dependent variable	Dependent variable
Sources of Stress	Emotional/behavioural problems	Neurotic Personality

3.8.4 Tools Used For Data Collection:

The main aim of the study is to examine the effect of Sources of Stress, Emotional and Behavioural problems and Neurotic personality among Adolescents. To collect information about characteristics such as **Sources of stress, Emotional/Behavioral problems and Neurotic personality the** following instruments were used;

1. **Kundu's Neurotic Personality Inventory:**

Kundu's Neurotic Personality Inventory The inventory was developed by Kundu (1965), and the purpose of the inventory is to obtain a reliable measure of neurotic tendencies of adult people for diagnosis, selection and guidance. K.N.P.I. questionnaire has 66 items. It was developed according to Indian social-cultural pattern. Each statement is designed to score for positive or negative response as it represents symptoms of neurotic tendencies. For five items Nos. 41, 51, 55, 56 and 58 (in the original form) negative responses are indicative of neurotic tendencies and for the other items it is the positive response that indicates neuroticism.72 to 89.

2. **Student's Stress Scale:**

Student's Stress Scale developed by Dr.Manju Aggarwal will be used to measure sources of stress among students. The present scale is a culturally appropriate scale for University students to assess their level of distress. This scale measures those dimensions which have been empirically found to be predictors of strain. The scale scores will help the parents and teachers to identify the major source of stress and areas requiring emotional and professional support for students/children. The scale consists of 64 life events items that have to be on a 7-point rating scale. It has nine sub scales: Financial, Family, Social Education, Ego-Threat, Bereavement, Separation, Personal Setback and Health of Others.

3. **Youth Self-Report TM:**

Behavioural and emotional problems were assessed by the Youth Self-Report TM (2001) developed by T.M. Achenbach and L.A. Rescorla. It is a questionnaire used widely to screen adolescents with psychiatric problems. The content, criteria and construct validity of this questionnaire has been supported by

four decades of research consultation, feedback and revision, as well as by findings that all items discriminated significantly (P< .01) between demographically matched referred and non-referred children. In various studies conducted in world, the sensitivity and specificity of this questionnaire has been found to vary from 85%-100% and 30%-40% respectively. This questionnaire is valid for ages 11-18 years. It is based on the widely used Rutter's Child Behaviour Checklist. Although it is a part of multiaxial assessment of psychological functioning of an adolescent, it can be used to provide data on adolescent's emotional and behavioural problems. It contains competence Scale score and problem scale score. For this study only problem scale score was taken.

The YSR identifies emotional/behavioural problems in three groups (comprising of subgroups)—internalizing (withdrawn depressed, anxious depressed and somatic complaints) externalizing (rule breaking behaviours and aggressive behaviours) and neither internalizing nor externalizing (social problems, thought problems and attention problems). The Problems identified by YSR have been found to be very consistent with DSM-IV diagnostic categories.

3.8.5 Data Collection Procedure

To attain the objectives of the present study 800 adolescents from various colleges of Marathwada Area are selected as a sample. The above said standard scales were used to collect the data regarding Sources of Stress, Emotional/Behavioural problems and Neurotic personality among the male adolescents. The researcher also collected some socio-demographic characteristics of the respondents, which included their age and socio-economic status.

The study is conducted on male Junior college going students, and the age range was 16 to 18 years. The participants were approached in their respective leisure time with prior permission of their management and objectives of the study were explained in brief. The respondents were administered all the three scales and requested them to answer the question truthfully and sincerely. They were assured that their responses would be kept confidential.

The study population was selected by stratified random sampling. The number of students in government and private strata was selected by probability proportionate to size (PPS) sampling technique. 450 students from government schools and 350 students from private schools were taken for the study. A list of all the government and private co- educational school was prepared and 7 government and 3 private schools were randomly selected to get the required sample size. An average of 120 students was taken from each of the selected schools. These students were selected by simple random sampling.

Approval of ethical committee of the institute was sought before conducting the study. Informed and written consent was obtained from parents on a printed pro forma distributed a day prior to filling the questionnaire. On the day of administering the questionnaires, students were addressed by their teachers followed by the research team and were offered to participate or opt out of the study. The questionnaires were anonymous and had no mark of identity.

3.9 LIMITATIONS OF THE STUDY:

Following are the limitations of the present study;

1. The study was delimited to Junior college students of Marathwada region, and only to male students.
2. The study has been confined only to the male college going students in the selected areas and the other segments of the population are not considered due to time constraint.
3. Sample was taken from male college students only and those who are willing to participate in the interviews and share their experiences. As many of the male students were not open to share their views, researcher has approach them again and again to convince them or search for another willing group to collect the data from the respondents.
4. Size of sample was delimited to 800 only.
5. Only three major characteristics such as Sources of stress, Emotional/behavioural problems and Neurotic personality are considered in

the study, however, many other personality traits among adolescents also significantly influences the stress among them.

6. No gender differences were studied in the present research as the all the subjects of the present study were only girl student.

7. Comparison based on inhabitant area and education level are considered in the study, whereas, type of course, environment in college, peers, mode of religious practices, family occupation and income in the family also influence the Sources of stress, Emotional/behavioural problems and personality among the adolescents.

8. Researcher bias may play a role in selection of the questionnaire and interpretation

9. Findings may not be replicable in a different population

10. Findings may be open to interpretation.

3.10 STATISTICAL ANALYSIS

The selection of appropriate statistical technique for the purpose of data analysis depends upon the nature of data and design of the proposed work.

The first purpose of the study is to assess the Sources of stress, Emotional/behavioural problems and Neurotic personality among the adoelscents. Descriptive statistics such as Means and Standard deviations are calculated to study the differences pertaining to the nine sub-factors of sources of stress. Inferential statistics such as t test are also used to test the hypotheses.

Another purpose of the present study is to explore the interrelationships among the three variables i.e Sources of stress, Emotional/behavioural problems and Neurotic personality among the adolescents. To understand the correlation effect among the dependent variables, the data are further subjected to Multiple Correlation.

The results in the study are supported by appropriate graphical representations. Based on the results the Hypotheses are either accepted or not accepted.

CHAPTER – IV

RESULTS AND DISCUSSIONS

4.1. Introduction

4.2. Hypothesis 1: There will be significant correlation of different sources of students stress with Emotional and behavioural problems among adolescents regarding Internalizing syndrome (Withdrawn depressed, Anxious depressed and Somatic complaints).

4.3 Hypothesis 2: There will be significant correlation of different sources of students stress with Emotional and behavioural problems among adolescents regarding Externalizing Syndrome (Rule breaking behaviours and Aggressive behaviours).

4.4 Hypothesis 3: There will be significant correlation of different sources of students stress with Emotional and behavioural problems among adolescents regarding Neither internalizing nor externalizing (social problems, Thought problems and Attention problems).

4.5 Hypothesis 4: There will be significant correlation of different sources of students stress with neurotic tendency among adolescents

4.6 Hypothesis 5: Sources of students stress are significant predictor of adolescents' Internalizing syndrome (Withdrawn depressed, Anxious depressed and Somatic complaints).

4.7 Hypothesis 6: Sources of students stress are significant predictor of adolescents' Externalizing Syndrome (Rule breaking behaviours and Aggressive behaviours).

4.8 Hypothesis 7: Sources of students stress are significant predictor of adolescents' Neither internalizing nor externalizing (Social problems, Thought problems and Attention problems).

4.9 Hypothesis 8: The variance in adolescents' neurotic tendency is significantly explained by sources of students stress.

4.1. INTRODUCTION:

The results section of the report follows the method section. Its purpose is to tell the reader what we found in the experiment. This requires that we provide statistical confirmation of observed effects. When we say that a particular condition or dependent variable produced an effect, for example, we present the supporting information from the appropriate statistical tests such as Mean, Standard deviations, Correlation and Multiple Regression analysis. The other aspect which is important and added into the results is discussion. The principal purpose of the discussion section is to interpret and give meaning to the obtained results. The discussion tells the reader the overall story and about whether the research hypothesis is supported or rejected. Thus, the premier requirement of result and discussion is to provide the reader with a scholarly judgment of what our experiment search uncovered.

Adolescence is marked by immense turmoil in emotional and behavioural spheres. WHO defines adolescence as the period of life between the ages of 10 to 19 years. The adolescent struggles to develop his individuality while still conforming to societal norms. Rapid urbanization and modernization have exposed them to changes in society. The resultant breakdown in family structure, excessive or minimal control confuses the adolescent and makes him/her especially vulnerable to maladaptive patterns of thinking and behavior. Healthy adulthood depends upon successful resolution of these emotional and behavioural problems. Treading on this tightrope, most adolescents go through to adulthood normally. All adolescents may not be so fortunate, to get the ideal societal support for this smooth transition. Some develop maladaptive patterns in emotional and behavioural spheres.

Of late there has been a rise in the prevalence of mental illness and maladaptive behaviours among adolescents. WHO estimate shows that up to 20% adolescent have one or more mental or behavioural problems. Studies conducted in different parts of the world show that prevalence of behavioural and emotional problems in adolescents ranges from 16.5% to 40.8%[6] and in India it is in the range of 13.7% to 50%. As adolescents form one fifth of India's population, this means a sizable disease burden on the society. Lack of data on the subject precludes an assessment of the magnitude of the problem which is essential for effective health care planning. This study has been planned to assess prevalence and pattern of

maladaptive behavioural and emotional problems among school going adolescents. The association between socio-environmental factors and the emotional and behavioural problems in this age group was also studied.

Adolescents are highly vulnerable to behavioural disorders. This study aimed to explore the prevalence and patterns of behavioural and emotional problems in adolescents. It was also aimed to explore associations between stressors and Neurotic personality among the adolescents.

The chapter gives a detail report of the different sources of stress, emotional and behavioural problems and neurotic personality among the subjects in the study. The study includes Mean, Standard deviations, Correlation and Multiple regression analysis to study the effect of variables among the independent variables.

CHARCTERISTICTICS OF THE SAMPLE

A) The present study consists of sample of 800 male adolescent students from various Junior colleges. The sample was studied for the prevalence of sources of stress among the male adolescents. The characteristics of the sample regarding the sources of stress are given in Table 4.1.

Table 4.1: Prevalence of Sources of Stress among the male Adolescents

S. No.	**Sources of Stress**	**N**	**%**
1.	Financial	**259**	**32.37**
2.	Family	**489**	**61.12**
3.	Social	**371**	**46.37**
4.	Education	**545**	**68.12**
5.	Ego-Threat	**290**	**36.25**
6.	Bereavement	**300**	**37.50**
7.	Separation	**219**	**27.35**
8.	Personal Setback	**543**	**67.87**
9.	Health of Others	**423**	**52.87**

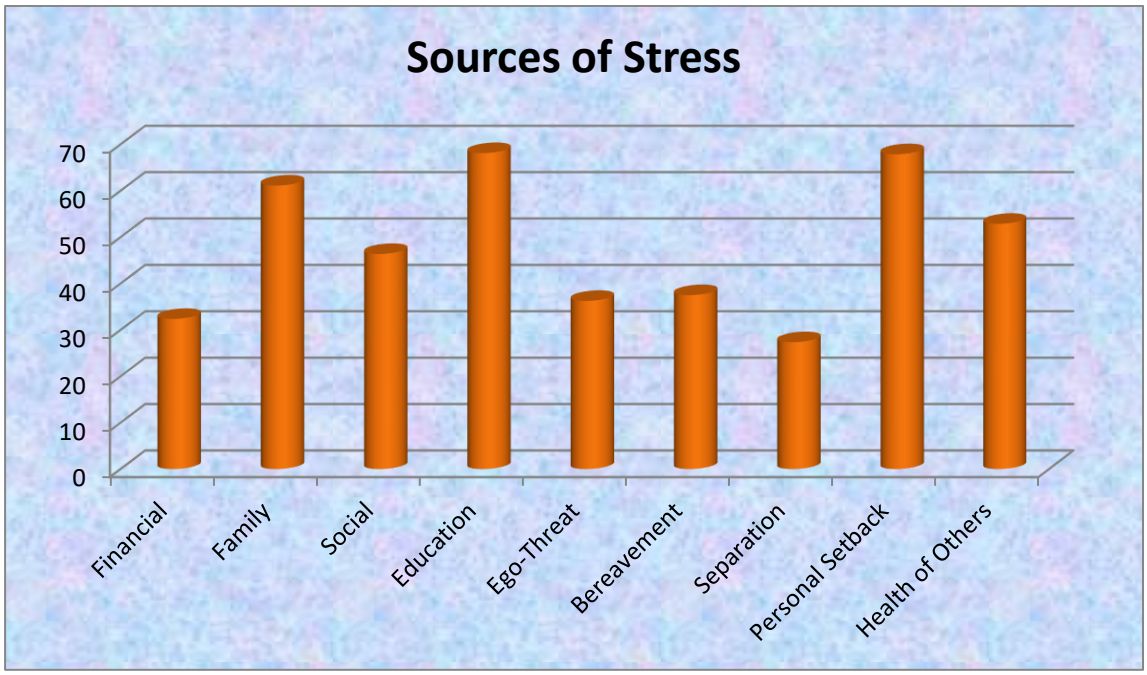
Table 4.1 shows the data regarding the sources of stress among the male adolescent subjects. The scores obtained from the subjects were further converted to percentage to estimate the stressors and their prevalence among the subjects. The various sources of stress considered in the study are – Financial, Family, Social, Education, Ego-threat, Bereavement, Separation, personal setback and health of others.

The data in the table reveals the out of 800 adolescents in the study, 259 students perceive financial problems as the major stressor, 489 students consider family issues as the source of stress, 371 students told that they feel that social conditions are major sources of stress, 545 students informed that education causes stress, bereavement was considered as stressor by 300 students, separation was the major stressor for 219 students, 543 subjects felt that personal setback causes more stress and 423 subjects felt that Health issues of the significant others in the family was the major source of stress to them.

The above also reveals the percentage of the sources of stress among the male adolescent subjects in the study. Education was considered as the major stressor among the subjects with prevalence of 68.12% in the sample, followed by Personal setback with a percentage of 67.87% among the sample. Education and Personal setback were considered as more stressful in the adolescent period. As Adolescent is a time when the students have to take decisions regarding their future profession, it is more stressful. At the same time the parental expectations, demands from the changing societal scenario also add up to burden of the teenage turmoil. On the other side better personal qualities, intellect abilities, soft skills and life skills act as stress moderators, but lack of these skills enhances the stress affects.

Family is another factor that acts as stressor and in the sample the prevalence of family as stressor is 61.12%, followed by health of others with a percentage of 52.87%. Social factor is the stressor for 46.37% of the sample, bereavement accounts for 37.50% and ego-threat accounts for 36.25 % of the sample. Financial problems as stressor is prevalent in 32.37% of the sample and 27.35% of the sample subjects are stressed due to separation factor.

Graph 4.1: Shows the percentage of Sources of Stress among the male Adolescents:



Graph 4.1 shows the percentage of Sources of Stress among the male Adolescents in the study sample. The graph indicates a higher prevalence of education and personal setback as the major stress sources among the subjects. This indicates that Education and Personal setback is considered as the major stressor by a larger fraction of the sample subjects. Also, family and health of the others contribute to the major sources of stress. Social, ego-threat and bereavement comparatively cause lower stress. However, stressor such as financial problems and separation are not considered as the major stress causing actors by the male adolescents in the present study.

B) The present study consists of sample of 800 male adolescent students from various Junior colleges. The sample was studied for the prevalence of Emotional/Behavioral Problems among the male adolescents. The

characteristics of the sample regarding the Emotional/Behavioral Problems are given in Table 4.2

Table 4.2: Prevalence of Emotional/Behavioral Problems among the male Adolescents

S.No.	Emotional/Behavioral variable	Sub-factor	N	%
1.	Internalizing syndrome	Withdrawn depressed	**153**	**19.12**
		Anxious depressed	**147**	**18.37**
		Somatic complaints	**108**	**13.50**
2.	Externalizing Syndrome	Rule breaking behaviours	**256**	**32.00**
		Aggressive behaviours	**245**	**30.62**
3.	Neither internalizing nor externalizing	social problems	**186**	**23.36**
		Thought problems	**359**	**44.87**
		Attention problems	**167**	**20.85**

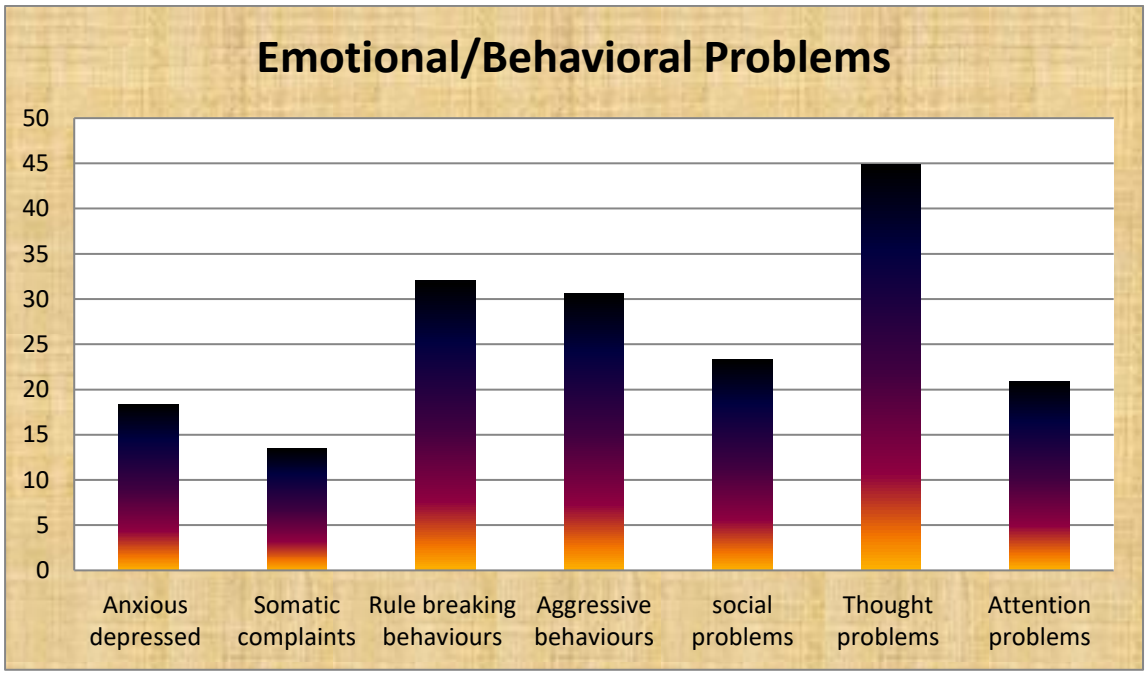
The above table shows the prevalence of Emotional/Behavioral Problems among the male Adolescents present in the study sample. Considering the Internalizing syndrome of the Emotional/Behavioral Problems, in the present study, a higher prevalence of Withdrawn depressed (19.12%) followed by Anxious depressed (18.37%) was observed in adolescent males. Also, prevalence of somatic complaints (13.50%) is observed among the male participants in the study.

On analysis of pattern of Externalizing Syndrome of emotional and behavioural problems in adolescents, it was found that Rule breaking behaviour (32%) was the most common problem amongst them followed by the Aggressive behavior **(30.62%)**. In Neither internalizing nor Externalizing factor, most (44.87%) of the students were noted to be have thought problems. Social problem was observed

to be the next frequent (23.36%) among neither internalizing nor externalizing group. 20.85% males had attention behavioural problem in the study.

Study by Welham et al., 2009 also verified that 10% to 22.5% of the studied adolescents presented problems in some emotional area that required a more detailed evaluation. This study's findings do not indicate adolescence is necessarily a turbulent and tense period. The main behavioral and emotional problems reported by the adolescents attending the outpatient service were related to Anxious/Depressed (22.5%), Attention Problems (20.3%) and Aggressive Behavior (18.1%). Social Problems were associated with the beginning of adolescence (11 to 13 years old). These results are in concomitant with the results of the present study.

Graph 4.2: Shows the percentage of Emotional/Behavioral Problems among the male Adolescents



Graph 4.2 shows the percentage of Emotional/Behavioral Problems among the male Adolescents in the present study sample. From the graph it is clear that among the three syndromes of the Emotional and behavioural problems namely; Internalizing, Externalizing and Neither internalizing nor externalizing, majority of the male subjects in the study have Neither internalizing nor externalizing.

The data shows highest prevalence of the thought problems among the subjects. Rule breaking behavior and aggressive behaviours are the next most common behavior problems. Only a small group of the male adolescents suffer from anxiety and depression. Somatic complaints are observes to be least prevalent among the subjects.

According to the Guidelines for Adolescent Preventive Services, every adolescent should attend at least one routine medical appointment a year to assess his/her medical and psychosocial condition; the service should be appropriate for the individual's age and stage of development (American Medical Association [AMA], 1997). Identifying the characteristics of the population using health services is necessary to improve care delivery (Silvares, 1989). Health workers need to identify those using the service and the needs of its clientele to provide a more comprehensive and individualized health approach. This study's objective was to identify the main behavioral and emotional problems perceived by the adolescents.

C) To study the relation between the sources of stress and the variables such a Emotional and behavioural problems and Neurotic tendency among the male adolescents, the data were subjected to statistical analysis mean and Standard deviation. The Mean and Standard deviation scores regarding the Sources of Stress are given in Table 4.3

Table 4.3: Shows the Means and S.Ds of the Sources of Stress among adolescents:

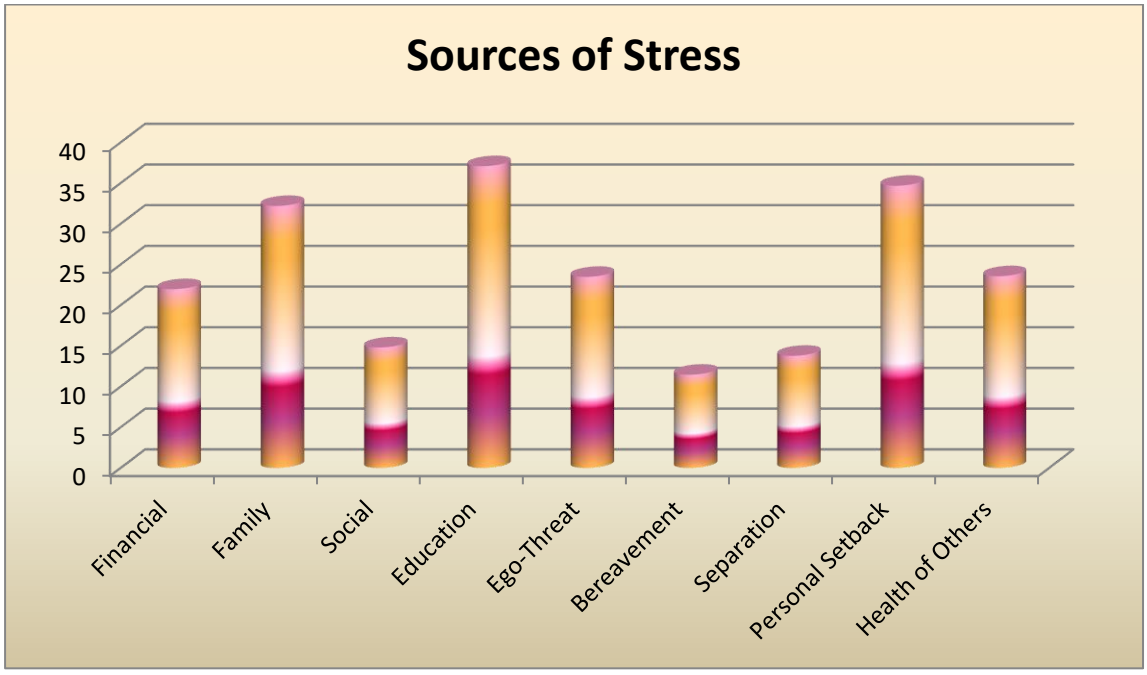
S. No.	**Sources of Stress**	**Mean**	**S.D**
1.	Financial	**21.97**	**4.76**
2.	Family	**32.19**	**6.64**
3.	Social	**14.81**	**4.31**
4.	Education	**37.08**	**6.87**
5.	Ego-Threat	**23.48**	**7.92**

6.	Bereavement	**11.46**	**4.24**
7.	Separation	**13.78**	**6.09**
8.	Personal Setback	**34.67**	**7.45**
9.	Health of Others	**23.56**	**7.05**

The above table shows the mean values of the total sample regarding the various sources of stress. The major source of stress is Education with a mean value of 37.08, followed by Personal setback with a mean value of 34.67. Family is also a main source of stress with a mean value of 32.19. Health of others with a mean of 23.56 is the next source of stress among the sample of male adolescents in the study.

Separation (mean- 13.78) and bereavement (mean – 11.46) are the least stress causing factors among the subjects in the study. Thus, from the above table it is clear that the participants in the study consider Education and Personal setback as the major sources of stress and Separation and Bereavement as the least important stress causing factors.

Graph 4.3: Shows the Sources of Stress among adolescents:



A look at the Graph 4.3 shows the mean values of the Sources of Stress among adolescents. From the graph it is evident that majority of the subjects consider Education as the most stress causing factor followed by Personal setback. Family problems, health of others and Ego-threat also contribute to the sources of stress among the participants. Social problems are also a stressor for a fraction of sample. However, Bereavement and Separation are considered to be least stress causing factors among the subjects in the present study.

D) To study the relation between the sources of stress and the variables such a Emotional and behavioural problems and Neurotic tendency among the male adolescents, the data were subjected to statistical analysis mean and Standard deviation. The Mean and Standard deviation scores regarding the Emotional and behavioural problems are given in Table 4.4.

Table 4.4: Shows the Means and S.Ds of the Emotional and behavioural problems among adolescents:

S.No.	Emotional/Behavioral variable	Sub-factor	Mean	S.D
1.	**Internalizing syndrome**	Withdrawn depressed	**19.72**	**2.42**
		Anxious depressed	**13.89**	**3.45**
		Somatic complaints	**09.76**	**3.54**
2.	**Externalizing Syndrome**	Rule breaking	**27.67**	**4.67**
		Aggressive behaviours	**25.41**	**4.89**
3.	**Neither internalizing nor externalizing**	social problems	**14.09**	**3.09**
		Thought problems	**28.81**	**5.14**
		Attention problems	**19.13**	**3.51**

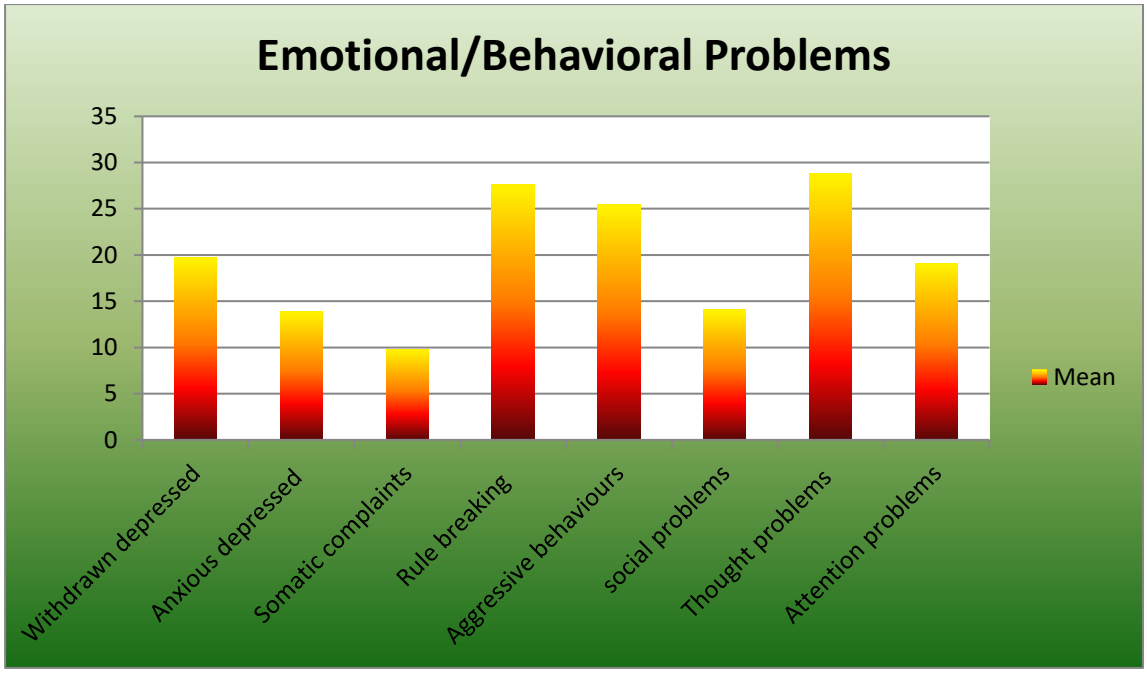
A look at the above table 4.4 indicates the means of scores obtained by the subjects in the various factors regarding Emotional and behavioural problems. Considering the Internalizing syndrome, the mean values obtained for the three factors are 19.72 for Withdrawn depressed, 13.89 for Anxious depressed and 09.76 for Somatic complaints. This indicates that among the three internalizing syndrome, the subjects mostly suffer from emotional and behavioural problems such as depression and withdrawal symptoms, followed by the anxiety. Somatic complaints have least effect on the behavioural problems among the participants.

Regarding the Externalizing Syndrome, Rule breaking behavior (mean-27.67) is the most common Emotional/behavior problems. Aggressive behavior (mean-25.41) is also a significant externalizing syndrome of the Emotional/behavior problems among the male participants in the present study.

Considering the Neither Internalizing nor Externalizing syndrome of the Emotional/behavior problems among the subjects, thought problems with a mean value of 28.81, is supposed to be most significant factor followed by Attention problems with a mean of 19.13 and Social problems with a mean value of 14.09. Among all the factors of Emotional/behavior problems Externalizing syndrome is most common problem especially the rule breaking behavior is most prevalent among the subjects. The next behavioural problem in the sample is the thought problem. However, somatic complaints is the least behavioural problem among the male participants in the present study.

An important aspect that may trigger problem behaviors in the Attention Problems scale is related to sexuality, when adolescents become interested in changes taking place in their bodies and may become bedazzled with themselves and the opposite sex. Every professional caring for adolescents should be qualified to talk with and advise adolescents and their families concerning affective-sexual development (AMA, 1997).

Graph 4.4: Shows the Means and S.Ds of the Emotional and behavioural problems among adolescents:



Graph 4.4 shows the Means and S.Ds of the Emotional and behavioural problems among adolescents. From the above graph it is evident that rule breaking behavior and thought problems are the most common behavior problems among the subjects. The aggressive behavior is also a major behavioral syndrome among the male adolescents in the present study. The next significant behavioural problems are attention problems and depression and withdrawal symptoms. However, the participants seem to be healthy and thus, somatic complaints are the least problematic behaviour among the male adolescents in the present study.

4.2 Hypothesis 1: *There will be significant correlation of different sources of students stress with Emotional and behavioural problems among adolescents regarding Internalizing syndrome (Withdrawn depressed, Anxious depressed and Somatic complaints).*

To show the significant relation between the sources of stress and the Internalizing syndrome of the Emotional/Behavioural problems present in the subjects of the present study, the obtained data is subjected to statistical analysis such as Mean, standard deviations and Correlation and the scores are discussed below;

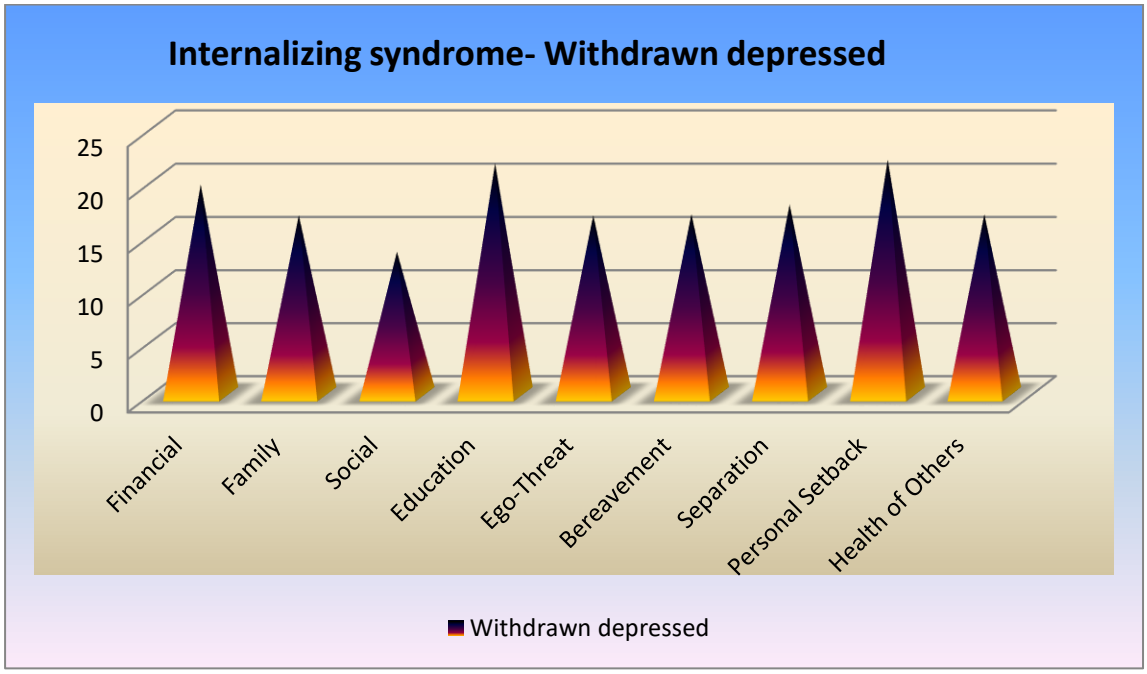
Table 4.5: Shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Withdrawn depressed-Internalizing syndrome

S.No	Sources of Stress	Internalizing syndrome- Withdrawn depressed	
		Mean	**S.D**
1.	Financial	19.76	3.46
2.	Family	16.87	3.99
3.	Social	13.45	3.45
4.	Education	21.76	4.22
5.	Ego-Threat	16.87	3.90
6.	Bereavement	16.98	3.78
7.	Separation	17.89	2.87
8.	Personal Setback	22.09	5.97
9.	Health of Others	16.98	3.76

Table 4.5 shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Withdrawn depressed-Internalizing syndrome in relation to the various sources of stress.

From the table scores it is evident that subjects with stress due to Personal setback exhibit withdrawn depression syndrome (mean- 22.09) more commonly than the other participants. Education is the nest stressor that causes the depression behavior (mean-21.76). The participants who have stress due to financial problems also show moderate levels of withdrawn depression symptoms (mean-19.17). Sources of stress such Separation (mean-17.89), bereavement (mean-16.98) and health of others (mean- 16.98) are the next contributors for the depression syndrome among the subjects in the present study. The male adolescents with social factor of stress (mean-13.45) exhibit less depression behaviour problems among all the subjects.

Graph 4.5: Shows the Emotional and behavioural problems regarding Withdrawn depressed-Internalizing syndrome



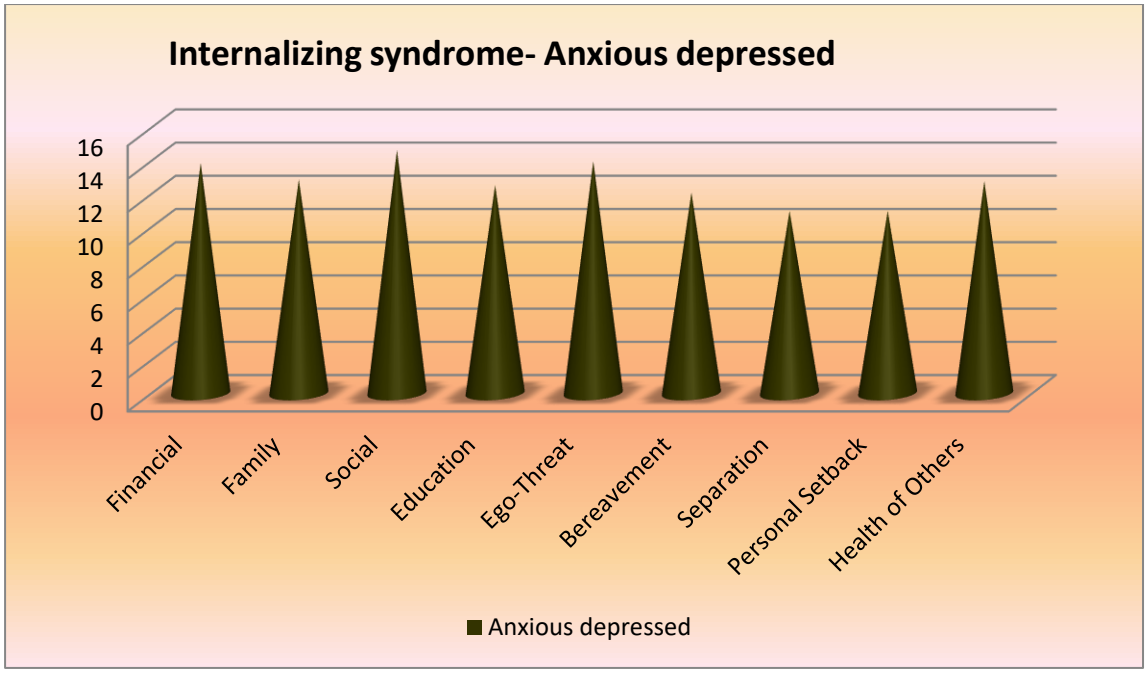
Graph 4.5 shows the Emotional and behavioural problems regarding Withdrawn depressed-Internalizing syndrome in relation to sources of stress. The graph clearly depicts that personal setback and education are the stress factor responsible for the depression syndrome among the subjects, followed by Financial and Health of others where these stressors also contribute to the depression syndrome in the male participants in the present study. Stressors such as Family problems, ego-threat, bereavement and separation are the next factors that cause depression behavior among the subjects. However, the graph reveals that social problems cause least depression among the subjects in the study sample than compared to the other sources of stress.

Table 4.6: Shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Anxious depressed-Internalizing syndrome

S.No	Sources of Stress	Internalizing syndrome -Anxious depressed	
		Mean	**S.D**
1.	Financial	13.87	4.98
2.	Family	12.87	2.22.
3.	Social	14.65	3.45
4.	Education	12.54	4.22
5.	Ego-Threat	13.98	3.98
6.	Bereavement	12.09	4.09
7.	Separation	10.98	2.78
8.	Personal Setback	10.98	3.78
9.	Health of Others	12.78	4.01

Table 4.6 shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Anxious depressed of Internalizing syndrome with respect to the various sources of stress. A look at the table shows that Social problem (mean-14.65) is major stressor that causes the anxiety among the participants. The sources of stress such as Ego-threat (mean-13.98) and Financial problems (13.87) are the next factors that cause anxiety related depression among the subjects. Stress from the family (mean-12.87); health of others (mean-12.78) and education (mean-12.54) results in moderate anxiety and depression behavior problems. The results also reveal that separation and personal setback are not so important stressors to cause anxiety and depression among the male subjects in the present study.

Graph 4.6: Shows the Emotional and behavioural problems regarding Anxious depressed-Internalizing syndrome:



Graph 4.6 shows the Emotional and behavioural problems regarding Anxious depressed-Internalizing syndrome in relation to the sources of stress. The graph clearly depicts that Social problems and Ego-threat are the major stress factor responsible for the anxiety and depression syndrome among the subjects, followed by Financial and Health of others where these stressors also contribute to the anxiety and depression syndrome in the male participants in the present study. Stressors such as Family problems, bereavement and education are the next factors that cause anxiety and depression behavior among the subjects. However, the graph reveals that separation and personal setback cause least depression among the subjects in the study sample than compared to the other sources of stress.

Table 4.7: Shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Somatic complaints-Internalizing syndrome

S.No	Sources of Stress	Internalizing syndrome - Somatic complaints	
		Mean	**S.D**
1.	Financial	9.89	4.30
2.	Family	10.98	4.32
3.	Social	11.76	2.39
4.	Education	10.98	4.98
5.	Ego-Threat	9.09	2.45
6.	Bereavement	11.96	3.76
7.	Separation	8.08	2.09
8.	Personal Setback	13.98	3.98
9.	Health of Others	11.98	3.08

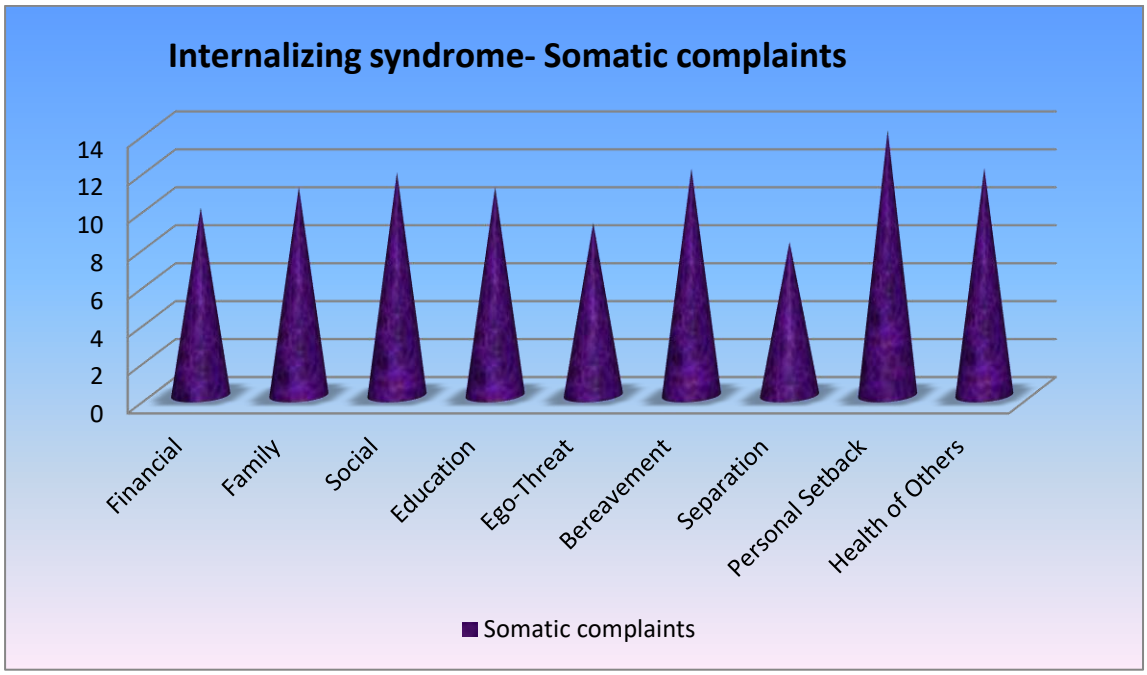
Table 4.7 shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Somatic complaints of Internalizing syndrome with respect to the various sources of stress.

A look at the table shows that Personal Setback (mean-13.98) is major stressor for the somatic complaints among the participants. The sources of stress such as Health of Others (mean-11.98) and Bereavement (mean-11.96) are the next factors that cause somatic complaints among the subjects. Stress from the Social problems (mean-11.76); Education (mean-10.98) and Family (mean-10.98) results in moderate somatic behavior problems. The results also reveal that Financial problems (9.89), Ego-Threat (9.09) and Separation (8.08) are not so important stressors to cause somatic related internalizing syndrome among the male subjects in the present study.

These behavioural problems can be taken care by promoting mental health workers to organize according to the clientele's needs and characteristics (Schulenberg et al., 1997). Group psychotherapy should include different age groups and care should be provided at different times in order to take into account the patients' school hours. Individual care is usually more flexible and allows better

arrangement with school and work hours. The fact that adolescent outpatient services are separated from pediatric and adult outpatient services shows there is a concern to provide a facility specifically for delivering care to adolescents, apart from infants and children. The waiting room itself should have equipment appropriate to this age group, e.g. chairs with appropriate height and magazine content.

Graph 4.7: Shows the Emotional and behavioural problems regarding Somatic complaints-Internalizing syndrome



Graph 4.7 shows the Emotional and behavioural problems regarding Somatic complaints-Internalizing syndrome in relation to the various sources of stress. From the graph it is clear that personal setback and bereavement are the major stress factors responsible for the somatic complaints among the subjects, followed by Social problems, Family issues and Health of others where these stressors also contribute to the somatic related syndrome in the male participants in the present study. Stressors such as Financial problems, ego-threat and education are the next factors that cause somatic behavior problems among the subjects. However, the graph

reveals that Separation is the least cause of somatic complaints among the subjects in the study sample than compared to the other sources of stress.

Table 4.8: Shows the Correlation of sources of stress with the factors of Emotional and behavioural problems regarding Internalizing syndrome among adolescents :

S.NO.	Financial	Family	Social	Education	Ego-Threat	Bereavement	Separation	Personal Setback	Health of Others
Withdrawn depressed	**0.58**	**0.38**	**0.29**	**0.51**	**0.38**	**0.19**	**0.48**	**0.49**	**0.38**
Anxious depressed	**0.47**	**0.27**	**0.37**	**0.47**	**0.26**	**0.13**	**0.38**	**0.41**	**0.10**
Somatic complaints	**0.43**	**0.33**	**0.27**	**0.15**	**0.28**	**0.38**	**0.49**	**0.29**	**0.14**

Table 4.8 shows the Correlation of sources of stress with the factors of Emotional and behavioural problems regarding Internalizing syndrome among adolescents. From the table it is inferred that all the sources of stress and the factors of internalizing syndrome of emotional and behavioural problems are positively correlated. This indicates that any kind of stress influences the emotions as well as behaviour of the male adolescents in the study. An increase in the stressor intensity or level of stress also increases the tendency of behavioural problems among the subjects.

Discussing the Emotional/Behavioural problems factor wise; for the Withdrawn depression factor of Internalizing syndrome, all the sources of stress are

positively correlated. Of the nine sources of stress, Financial problems with a correlation coefficient of **0**.58 is most significant followed by Education with correlation coefficient of **0.51.** Thus, it is concluded that Financial problems are Education stressors at the adolescent stages are the most significant factors that influence the withdrawal related depression among the subjects. Students who face financial crisis and students with lots of pressure regarding their academics either from parents, family or self show greater tendency towards depression and withdrawal from the social life.

The next major factors that causes depression among the subjects are Separation with a correlation coefficient of **0.48** and Personal setback with a correlation coefficient of **0.49.** As both the correlation factor are highly significant, it is concluded that, Separation of some kind, that is loved ones or significant others, due to either hostel life or longer study timings and travel, is another important factor to cause depression among the participants in the present study. Personal setback in the part of the subjects such as lack of communication skills, life skills, intelligence and emotional intelligence also significantly affect the levels of depression among the adolescents.

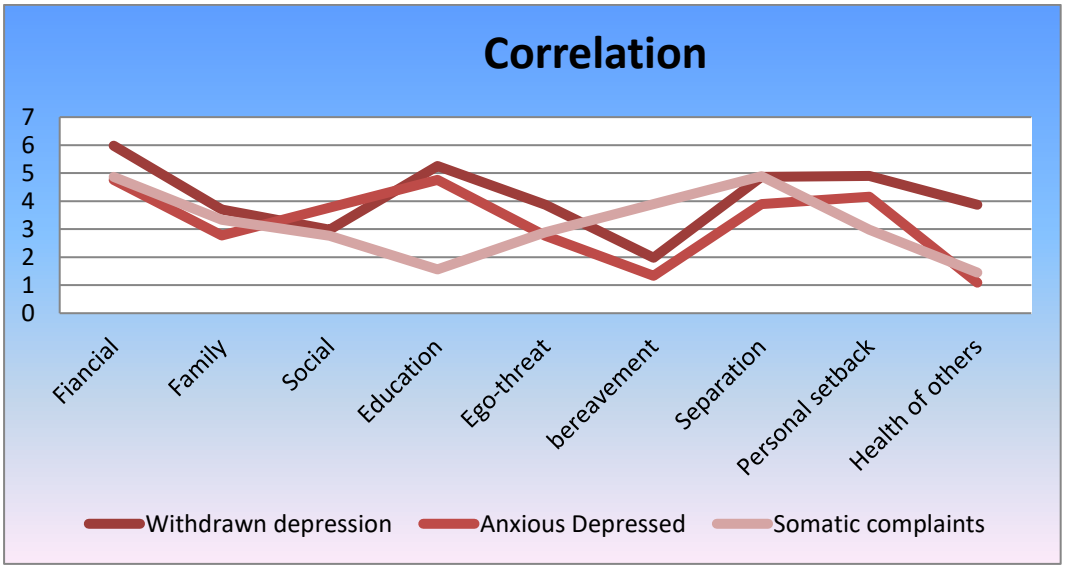
The correlation coefficients for the others sources of stress namely; Family (0.38); Social (0.29); Ego threat (0.38); Bereavement (0.19) and Health of others (0.38) are not significant, but are positively related to the Withdrawn depression behaviour of the subjects in the study. Thus, these sources of stress also enhance the depression syndrome among the male adolescents in the study sample however, the influence is not significantly correlated.

Considering the Anxiety related depression among the participants, it is clear from table that all the sources of stress are positively correlated to the Anxious depression factor of Internalizing syndrome. The most influencing stressors for the Anxiety among the subjects are Financial problems (Correlation coefficient = 0.47) and Education (correlation coefficient = 0.47). Personal setback (Correlation coefficient = 0.41), Separation (Correlation coefficient = 0.38) and Social problems

(Correlation coefficient = 0.37). The correlation coefficients for the others sources of stress namely; Family (0.27); Ego threat (0.26); Bereavement (0.13) and Health of others (0.10) are not significant, but are positively related to the Anxious depression behaviour of the subjects in the study. Thus, these sources of stress also enhance the anxiety related depression syndrome among the male adolescents in the study sample; however, the influence is not significantly correlated.

Taking into consideration the Somatic complaints among the participants, it is clear from table that all the sources of stress are positively correlated to the Somatic complaints factor of Internalizing syndrome. The most influencing stressors for the Somatic complaints among the subjects are Financial problems (Correlation coefficient = 0.43), Separation (correlation coefficient = 0.49) and Bereavement (correlation coefficient = 0.38). The correlation coefficients for the others sources of stress namely; Family (0.33); Social (correlation coefficient = 0.27); Education (correlation coefficient = 0.25); Ego threat (0.29); and Health of others (0.14) are not significant, but are positively related to the Somatic complaints behaviour of the subjects in the study. Thus, these sources of stress also enhance the tendency of Somatic complaints among the male adolescents in the study sample; however, the influence is not significantly correlated.

Graph 4.8: Shows the Correlation between sources of stress and Internalizing syndrome:



Graph 4.8: Shows the Correlation between sources of stress and Internalizing syndrome of Emotional/Behavioural problems. A look at the graph indicates that all the sources of the stress are positively correlated to all the factors of Internalizing syndrome of Emotional/behavioural problems. Considering the Withdrawn depression, Financial stressor, Education, personal setback and Separation are highly correlated to the withdrawn depression Internalizing syndrome. Thus, it is inferred that increase in these stress sources shows a relative increased tendency of the depression among the participants of the present study. However, the other stressors not significantly correlated to the withdrawn depression factor of the internalizing syndrome of the Emotional/Behavioural problems among the male adolescents.

Taking into consideration, the Anxiety related depression factor of the Internalizing syndrome. It is evident from the graph that sources of stress namely; Education, Financial stressor, personal setback and Separation are highly correlated to the Anxiety among the subjects in the present study, however, the other sources of stress such as Family, Social, Ego threat, Bereavement and Health of others are not significant, but are positively related to the Anxiety and depression behaviour among the subjects in the study.

Considering the Somatic complaints among the participants, it is clear from the graph that all the sources of stress are positively correlated to the Somatic complaints factor of Internalizing syndrome. The most influencing stressors for the Somatic complaints among the subjects are Financial problems, Separation and Bereavement, however, the other sources of stress such as Family, Social, Education, Ego threat and Health of others are not significant, but are positively related to the Somatic complaints behaviour among the male adolescents subjects in the study.

From the above results it is clear that the sources of stress are significantly correlated to the Internalizing syndrome of the Emotional/Behavioural problems among the subjects of the present study, thus the first hypothesis which states that**,** "***There will be significant correlation of different sources of students***

stress with Emotional and behavioural problems among adolescents regarding Internalizing syndrome (Withdrawn depressed, Anxious depressed and Somatic complaints)" is **accepted a**s warranted by the results of the study.

According to Costello et al. (2006), adolescence seems to be a period when there is a risk of developing depressive or anxious behavior. Even though genetics may play a role, stressful factors may also trigger such conditions (Kendler, Gardner, & Lichtenstein, 2008). Adolescence requires individuals to face new and stressful situations such as body changes that occur during puberty, reorganization of family roles, social changes arising from the way school is structured, and those changes concerning the need to enter adulthood, such as increased responsibility, choosing an occupation, making commitments, and increased autonomy and independence (Bee & Boyd, 2011). A child may enter adolescence without having developed the skills necessary to cope with this stage's requirements and feel overwhelmed and, consequently, develop depression and/or anxiety.

Studies reveal that boys presenting other behavioral problems can also experience depressive symptoms (Hintikka et al., 2009). Job and social opportunities are different for both genders. The expectations perhaps necessary for the adolescent to adapt to the reality she now faces may be different (Schoen-Ferreira, 2007). These two factors - biological and social - can lead girls to deal with more difficulties during adolescence, triggering depressive or anxious behavior. Social conditions individuals face when entering adolescence are different depending on gender. Female adolescents have fewer opportunities to develop and are more susceptible to depression. Honkalampi et al. (2009) reported significantly higher averages for females on all scales and syndromes; the highest average was obtained on the Anxious/Depressed scale, similar to this study's findings. Although both genders benefit from mental health preventive measures and interventions, the need for programs differentiated by gender in this age group is apparent.

4.3 Hypothesis 2: There will be significant correlation of different sources of students stress with Emotional and behavioural problems among adolescents

regarding Externalizing Syndrome (Rule breaking behaviours and Aggressive behaviours).

To show the significant relation between the sources of stress and the Externalizing syndrome of the Emotional/Behavioural problems present in the subjects of the present study, the obtained data is subjected to statistical analysis such as Mean, standard deviations and Correlation and the scores are discussed below;

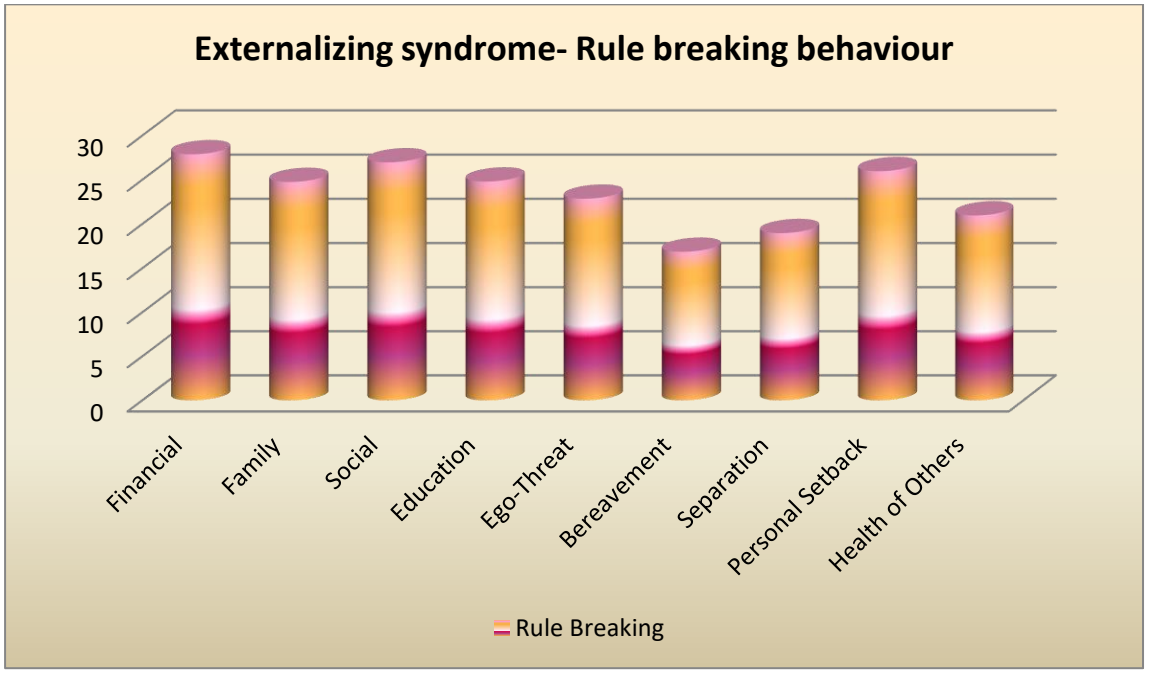
Table 4.9: Shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Rule Breaking behaviour-Externalizing syndrome:

S.No	Sources of Stress	Externalizing syndrome - Rule breaking behaviour	
		Mean	S.D
1.	Financial	27.89	5.98
2.	Family	24.76	6.11
3.	Social	26.98	4.98
4.	Education	24.81	5.13
5.	Ego-Threat	22.87	3.98
6.	Bereavement	16.87	3.87
7.	Separation	18.98	4.98
8.	Personal Setback	25.98	5.98
9.	Health of Others	20.98	3.65

Table 4.5 shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Rule Breaking behaviour -Externalizing syndrome in relation to the various sources of stress.

From the table scores it is evident in the present study that, those subjects who experience Financial stress Rule breaking behavior (mean- 27.89) more commonly than the other participants. Social problem is the next stressor that the next major cause for the Rule breaking behavior among the participants. The participants who have stress due to Personal setback (mean- 25.98); Education/Academic stress (Mean-24.81); Family (mean - 24.76) and also Ego-Threat (mean -22.87) show moderate levels of Rule breaking behavior of the Externalizing syndrome of the emotional/behavioral problems. Sources of stress such health of others (mean- 20.98) and Separation (mean-18.89) are the next contributors for the Rule breaking behaviour among the subjects in the present study. The male adolescents with bereavement (mean-16.87) as a source stress exhibit least Rule breaking behaviour problems among all the subjects.

Graph 4.9: Shows the Emotional and behavioural problems among adolescents regarding Rule Breaking behaviour-Externalizing syndrome:



Graph 4.9 shows the Emotional and behavioural problems regarding Rule breaking behaviour-Externalizing syndrome in relation to sources of stress. The graph clearly depicts that Financial stress, Social problems and Personal setback are the stress factor responsible for the Rule breaking behaviour syndrome among the

subjects, followed by Education/Academic stress, Family and also Ego-Threat, where these stressors also contribute to the Rule breaking behaviour in the male participants in the present study. Stressors such as health of others and Separation are the next factors that cause Rule breaking behaviour problem among the subjects. However, the graph reveals that bereavement causes least Externalizing syndrome pertaining to Rule breaking behaviour among the subjects in the study sample than compared to the other sources of stress.

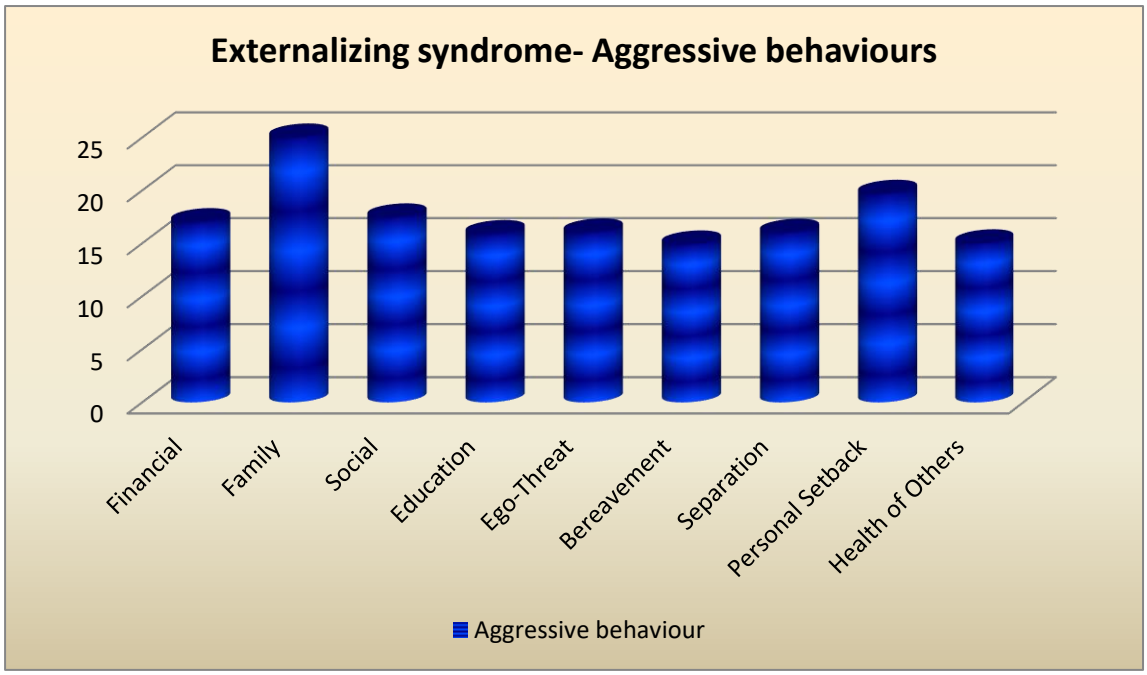
Table 4.10: Shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Aggressive behavior of Externalizing syndrome:

S.No	**Sources of Stress**	**Externalizing syndrome - Aggressive behaviour**	
		Mean	**S.D**
1.	Financial	16.98	5.98
2.	Family	24.98	5.09
3.	Social	17.43	4.87
4.	Education	15.86	4.98
5.	Ego-Threat	16.01	3.87
6.	Bereavement	14.87	5.08
7.	Separation	15.98	3.99
8.	Personal Setback	19.66	4.98
9.	Health of Others	14.98	3.98

Table 4.10 shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Aggressive behaviour of Externalizing syndrome with respect to the various sources of stress. A look at the table shows that Family issues (mean-24.98) is major stressor that causes the Aggressive behaviour among the male adolescent participants in the present study. The sources of stress such as Persoanl setback (mean-19.66) and Social problems (mean -17.43) are the next factors that cause aggression among the subjects. Stress

from the Ego-Threat (mean-16.01); separation (mean-15.98) and education (mean-15.86) results in moderate aggressive behavior problems among the subjects. The results also reveal that Bereavement (mean - 14.87) and Health of Others (mean - 14.98) are not so important stressors to cause aggression among the male subjects in the present study.

Graph 4.10: Shows the Emotional and behavioural regarding Aggressive behavior of Externalizing syndrome:



Graph 4.10 shows the Emotional and behavioural problems regarding Aggressive behaviour-Externalizing syndrome in relation to the sources of stress. The graph clearly depicts that family problems and Personal setbacks are the major stress factor responsible for the aggressive behaviour among the subjects, followed by Social problems, Financial stress and Ego-threat, where these stressors also contribute to the aggression in the male participants in the present study. Stressors such as Separation, bereavement and education are the next factors that cause aggressive behavior among the subjects. However, the graph reveals that health of others causes

least aggressiveness among the subjects in the study sample than compared to the other sources of stress.

Table 4.11: Shows the Correlation of sources of stress with the factors of Emotional and behavioural problems regarding Externalizing syndrome among adolescents :

S.NO.	Financial	Family	Social	Education	Ego-Threat	Bereavement	Separation	Personal Setback	Health of Others
Rule breaking behaviour	**0.48**	**0.27**	**0.29**	**0.42**	**0.48**	**0.28**	**0.39**	**0.39**	**0.28**
Aggressive behaviours	**0.37**	**0.35**	**0.57**	**0.57**	**0.35**	**0.24**	**0.28**	**0.51**	**0.10**

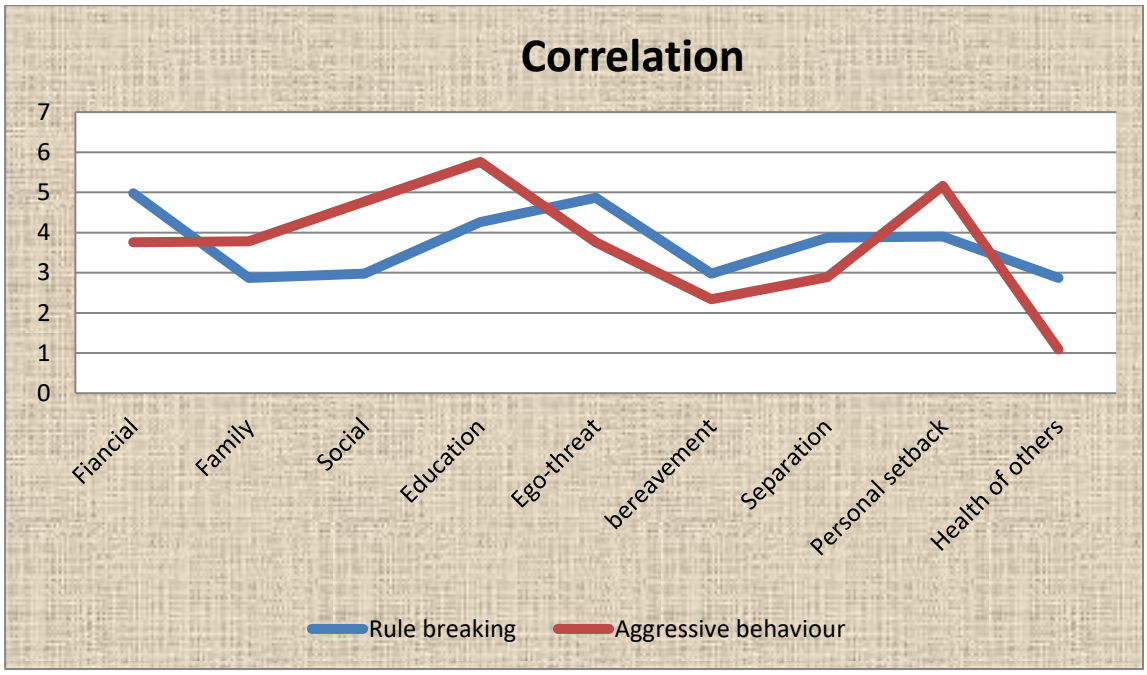
Table 4.11 shows the Correlation of sources of stress with the factors of Emotional and behavioural problems regarding Externalizing syndrome among adolescents. From the table it is inferred that all the sources of stress and the factors of Externalizing syndrome of emotional and behavioural problems are positively correlated. This indicates that any kind of stress influences the emotions as well as behaviour of the male adolescents in the study. An increase in the stressor intensity or level of stress also increases the tendency of behavioural problems among the subjects.

Discussing the Emotional/Behavioural problems factor wise; for the Rule breaking behaviour factor of Externalizing syndrome, all the sources of stress are positively correlated. Of the nine sources of stress, Financial problems with a correlation coefficient of **0**.48 and Ego-threat with a correlation value of 0.48 are most significant followed by Separation and Personal setback with correlation coefficients of 0.39 each**.** Thus, it is concluded that Financial problems, Ego-threat, Separation from the beloved or significant others and personal; setbacks are the stressors at the adolescent stages that are the most significant factors to influence the Rule breaking behaviour among the subjects. Students who face financial crisis and lack life skills show greater tendency towards rule breaking behaviour.

The correlation coefficients for the others sources of stress namely; Family (0.27); Social (0.29); Education (0.22); Bereavement (0.28) and Health of others (0.28) are not significant, but are positively related to the Withdrawn depression behaviour of the subjects in the study. Thus, these sources of stress also enhance the Rule breaking syndrome among the male adolescents in the study sample however, the influence is not significantly correlated.

Considering the Aggressive behaviour of the Externalizing syndrome among the participants, it is clear from table that all the sources of stress are positively correlated to the Aggression factor of Externalizing syndrome. The most influencing stressors for the Aggression among the subjects are Social problems (Correlation coefficient = 0.57) and Education (correlation coefficient = 0.57). Personal setback (Correlation coefficient = 0.51), Financial problems (Correlation coefficient = 0.37), Ego threat (0.35) and Family problems (Correlation coefficient = 0.35) are the next significantly correlated factors of stress with the aggressive behaviour of the adolescents in the present study. The correlation coefficients for the others sources of stress namely; Bereavement (Correlation coefficient = 0.24); separation (Correlation coefficient =0.28) and Health of others (0.10) are not significant, but are positively related to the Aggressive behaviour of the subjects in the study. Thus, these sources of stress also cause aggression among the male adolescents in the study sample; however, the influence is not significantly correlated.

Graph 4.11: Shows the Correlation between sources of stress and Externalizing syndrome



Graph 4.11 shows the Correlation between sources of stress and Externalizing syndrome of Emotional/Behavioural problems. A look at the graph indicates that all the sources of the stress are positively correlated to all the factors of Internalizing syndrome of Emotional/behavioural problems. Considering the Rule breaking behavior of Externalizing syndrome; Financial stressor and Ego-threat are highly correlated to the Rule breaking behavior among the subjects. Thus, it is inferred that increase in these stress sources shows a relative increased tendency of the Rule breaking behavior among the participants of the present study. However, the other stressors are not significantly correlated to the Rule breaking behavior the Externalizing syndrome of the Emotional/Behavioural problems among the male adolescents.

Taking into consideration, the Aggressive behaviour of the Externalizing syndrome, it is evident from the graph that sources of stress namely;

Education and Personal setback are highly correlated to the Aggression among the subjects in the present study, however, the other sources of stress such as Family, Social, Ego threat, Bereavement and Health of others are not significant, but are positively related to the aggressive behaviour among the subjects in the study.

From the above results it is clear that the sources of stress are significantly correlated to the Externalizing syndrome of the Emotional/Behavioural problems among the subjects of the present study, thus the Second hypothesis which states that**,** "***There will be significant correlation of different sources of stress with Emotional/behavioural problems among adolescents regarding Externalizing Syndrome (Rule breaking behaviours and Aggressive behaviours***" is **accepted a**s supported by the results of the present study.

Earlier studies reveal that antisocial behavior is more common among boys, though girls have also presented externalizing problems (Donaldson & Ronan, 2006; Pacheco et al., 2005; Silva, 2003). Depressive symptoms may also emerge during adolescence: 40% of adolescents are described by parents and teachers as being unhappy, sad or depressive (Achenbach & Edelbrock, 1981). Giannakopoulos, Tzvara, Dimitrakaki, Ravens-Sieberer and Tountas (2010) observed, after interviewing adolescents at school, that there were no differences in relation to gender or age among those who had a medical appointment in the past four months or were hospitalized in the past year in comparison to those who did not have medical appointments in the same period. However, those who had been hospitalized reported poorer physical wellbeing and more emotional and behavioral problems. Chronic diseases seem to be accompanied by behavioral and emotional changes.

4.4 Hypothesis 3: There will be significant correlation of different sources of students stress with Emotional and behavioural problems among adolescents regarding Neither internalizing nor externalizing (social problems, Thought problems and Attention problems).

To show the significant relation between the sources of stress and Neither internalizing nor externalizing syndrome of the Emotional/Behavioural

problems present in the subjects of the present study, the obtained data is subjected to statistical analysis such as Mean, standard deviations and Correlation and the scores are discussed below;

Table 4.12: Shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Neither internalizing nor externalizing - social problems:

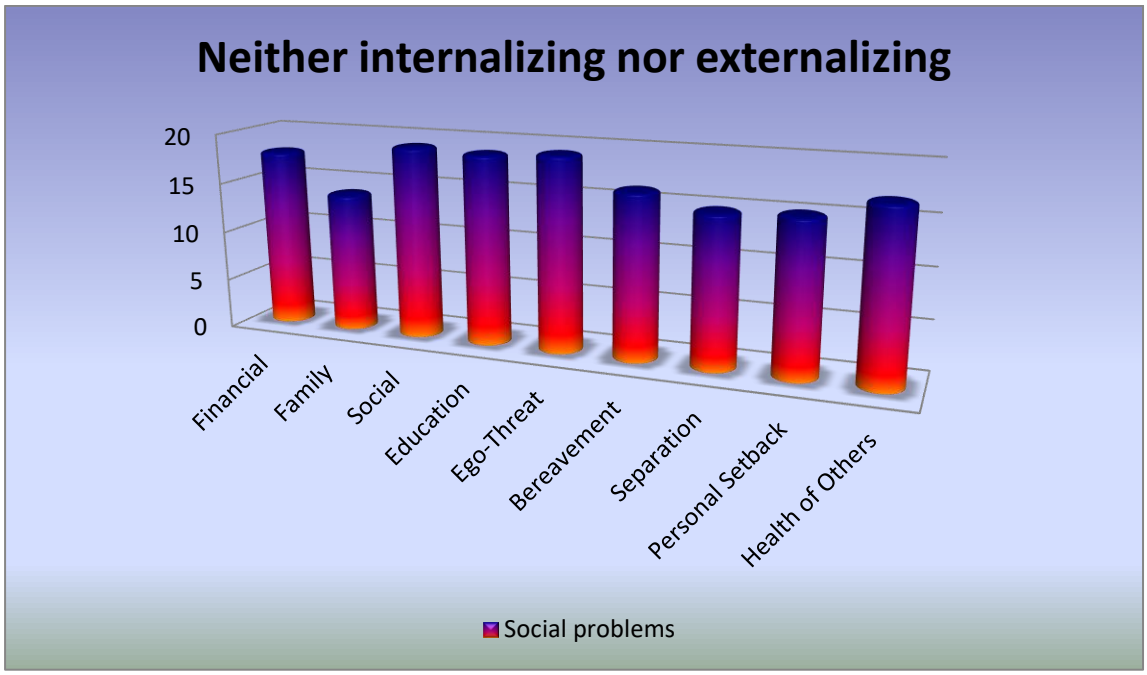
S.No	Sources of Stress	Neither internalizing nor externalizing- Social problems	
		Mean	**S.D**
1.	Financial	17.90	3.09
2.	Family	13.98	4.99
3.	Social	19.18	5.88
4.	Education	18.90	3.23
5.	Ego-Threat	19.32	2.98
6.	Bereavement	16.37	3.56
7.	Separation	14.98	3.98
8.	Personal Setback	15.23	4.13
9.	Health of Others	16.98	3.76

Table 4.12 shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Social problems - Neither internalizing nor externalizing -syndrome in relation to the various sources of stress.

From the table scores it is inferred that subjects with stress due to Ego-Threat (mean- 19.32) and Social issues (mean- 19.18) exhibit greater social problems syndrome than the other participants. Education is the next stressor that causes the Socially related behavior problems (mean-18.90). The participants who have stress due to financial problems also show moderate levels of social problems (mean-17.90).

Sources of stress such Health of others (mean-16.98), bereavement (mean-16.37), personal setback (mean- 15.23) and Separation (mean- 14.98) are the next contributors for the social problems among the subjects in the present study. The male adolescents with family as a source of stress (mean-13.98) exhibit fewer social problems among all the subjects.

Graph 4.12: Shows the Emotional and behavioural problems regarding Neither internalizing nor externalizing - social problems:



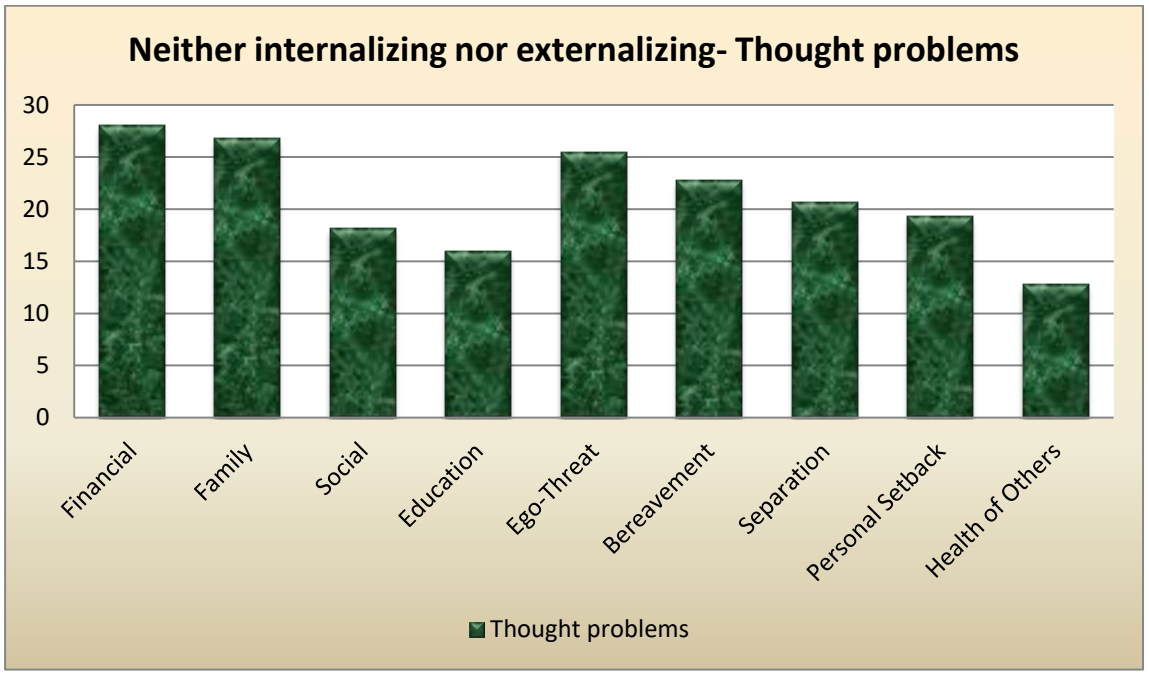
Graph 4.12 shows the Emotional and behavioural problems regarding Neither internalizing nor externalizing - social problems in relation to sources of stress. The graph clearly shows that Social problems, Ego-threat, education and health of others are the stress factor responsible for the Socially-related problems among the subjects, followed by Financial and bereavement, where these stressors also contribute to the Social problems in the male participants in the present study. Stressors such as Family problems, separation and personal setback are the least influencing factors that cause social problems among the subjects in the study sample than compared to the other sources of stress.

Table 4.13: Shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Neither internalizing nor externalizing - Thought problems:

S.No	Sources of Stress	Neither internalizing nor externalizing – Thought problems	
		Mean	**S.D**
1.	Financial	28.09	5.14
2.	Family	26.77	4.52
3.	Social	18.13	4.12
4.	Education	15.98	3.25
5.	Ego-Threat	25.43	5.32
6.	Bereavement	22.78	12.78
7.	Separation	20.67	5.34
8.	Personal Setback	19.31	4.11
9.	Health of Others	12.78	4.01

Table 4.13 shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Thought problems of Neither internalizing nor externalizing syndrome with respect to the various sources of stress. A look at the table shows that Financial problem (mean-28.09) is major stressor that causes the Thought problems among the participants. The sources of stress such as stress from Family (mean-26.77) and Ego-Threat (25.43) are the next factors that cause Thought related problems among the subjects. Stress due to Bereavement (mean-22.78); Separation (mean-20.67), Personal Setback (mean-19.31) and Social problems (mean-18.13) causes moderate amount of thought related problems. The results also reveal that Education (mean – 15.98) and Health of Others (mean – 12.78) are not so important stressors to cause thought problems among the male subjects in the present study.

Graph 4.13: Shows the Means of the Emotional and behavioural problems regarding Neither internalizing nor externalizing - Thought problems



Graph 4.13 shows the Emotional and behavioural problems regarding Neither internalizing nor externalizing - Thought problems in relation to the sources of stress. The graph clearly indicates that Financial problem, Family and Ego-threat are the major stress factor responsible for the thought related problems among the subjects, followed by Bereavement, Separation, Personal Setback and Social problems where these stressors also contribute to the thought problems in the male participants in the present study. However, the graph reveals that stress from Education and Health of Others causes fewer thought related problems among the subjects in the study sample than compared to the other sources of stress.

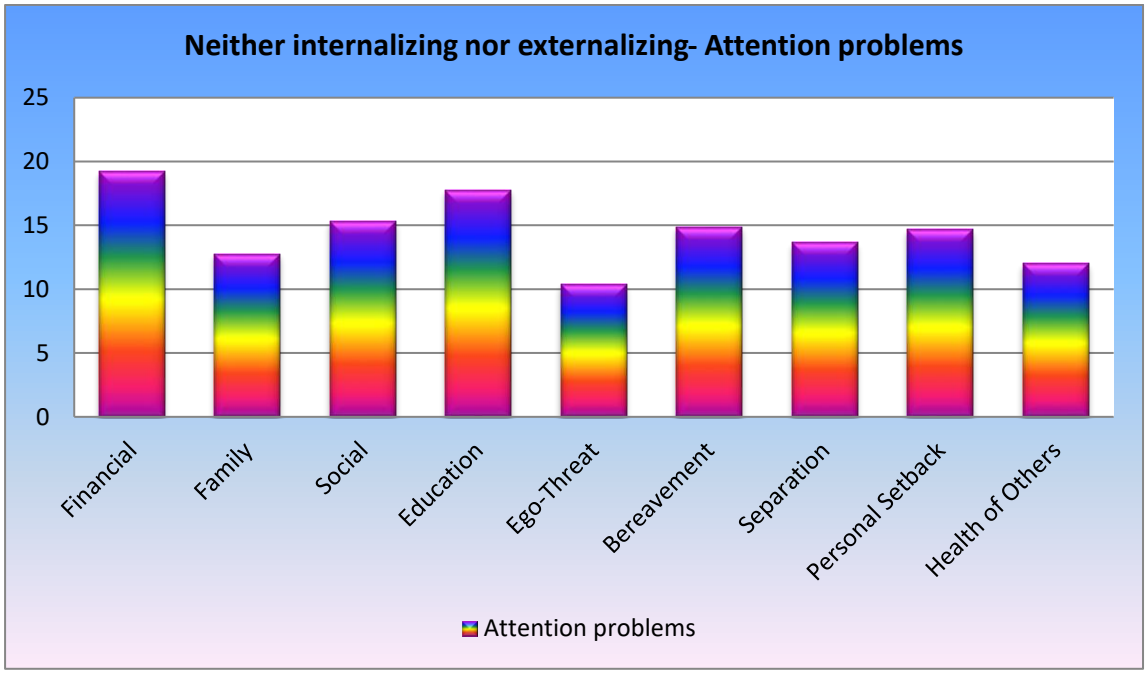
Table 4.14: Shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Neither internalizing nor externalizing - Attention problems:

S.No	Sources of Stress	Neither internalizing nor externalizing – Attention problems	
		Mean	**S.D**
1.	Financial	19.23	4.98
2.	Family	12.76	3.12
3.	Social	15.32	2.89
4.	Education	17.78	4.88
5.	Ego-Threat	10.35	3.56
6.	Bereavement	14.87	3.87
7.	Separation	13.67	3.12
8.	Personal Setback	14.67	3.86
9.	Health of Others	11.98	3.08

Table 4.14 shows the Means and S.Ds of the Emotional and behavioural problems among adolescents regarding Attention problems of Neither internalizing nor externalizing syndrome with respect to the various sources of stress.

A look at the table shows that Financial problems (mean-19.23) is major stressor for the Attention problems among the participants. The sources of stress such as Education (mean-17.78) and Social problems (mean-15.32) are the next factors that are responsible for the Attention problems among the subjects. Stress from the Bereavement (mean-14.87); Personal Setback (mean-14.67) and Separation (mean-13.67) results moderately in Attention deficit problems among the subjects. The results also reveal that Family (mean- 12.76), Health of Others (mean -11.98) and Ego-Threat (mean- 10.35) are not so important stressors to cause attention problems of neither internalizing nor externalizing syndrome among the male subjects in the present study.

Graph 4.14: Shows the Means of the Emotional and behavioural problems regarding Neither internalizing nor externalizing-Attention problems



Graph 4.14 shows the Emotional and behavioural problems regarding Neither internalizing nor externalizing with respect to Attention problems in relation to the various sources of stress. From the graph it is clear that Financial problems and Education are the major stress factors responsible for the attention problems among the subjects followed by Social problems, Bereavement, Personal Setback and Separation, where these stressors also contribute to the attention related problems in the male participants in the present study.

The results also reveal that Family (mean- 12.76), Health of Others (mean -11.98) and Ego-Threat

However, the graph reveals that stressors such as Family, Ego-Threat and Health of Others cause fewer attention problems among the subjects in the study sample than compared to the other sources of stress.

Table 4.15: Shows the Correlation of sources of stress with the factors of Emotional and behavioural problems regarding Neither Internalizing nor Externalizing syndrome among adolescents :

S.NO.	Financial	Family	Social	Education	Ego-Threat	Bereavement	Separation	Personal Setback	Health of Others
Social problems	**0.38**	**0.48**	**0.56**	**0.32**	**0.47**	**0.28**	**0.23**	**0.29**	**0.10**
Thought problems	**0.48**	**0.33**	**0.27**	**0.55**	**0.28**	**0.37**	**0.41**	**0.24**	**0.14**
Attention problems	**0.28**	**0.28**	**0.32**	**0.52**	**0.23**	**0.19**	**0.19**	**0.39**	**0.20**

Table 4.15 shows the Correlation of sources of stress with the factors of Emotional and behavioural problems regarding neither Internalizing nor Externalizing syndrome among adolescents. From the table it is inferred that all the sources of stress and the factors of neither Internalizing nor Externalizing syndrome of emotional and behavioural problems are positively correlated. This indicates that any kind of stress influences the emotions as well as behaviour of the male adolescents in the study. An increase in the stressor intensity or level of stress also increases the tendency of behavioural problems among the subjects.

Discussing the Emotional/Behavioural problems factor wise; for the Social problems factor of regarding neither Internalizing nor Externalizing syndrome, all the sources of stress are positively correlated. Of the nine sources of stress, Socially related stress factors with a correlation coefficient of **0**.56 is most significant

followed by stress from family with correlation coefficient of **0.48.** Thus, it is concluded that Social related stressors are Family issues at the adolescent stages are the most significant factors that influence the Social problems among the subjects. Students who face social hindrances and familial problems show greater tendency socially related problems.

The next major factors that cause depression among the subjects are Ego-threat with a correlation coefficient of 0.47, Financial stressor with a correlation coefficient of 0.38 and Education or academic stress with a correlation coefficient of 0.32. The correlation coefficients for the others sources of stress namely; Bereavement (correlation coefficient = 0.28); Separation (correlation coefficients = 0.23); personal setback (correlation coefficients= 0.29) and Health of others (0.10) are not significant, but are positively related to the Socially related problem behaviour of the subjects in the study. Thus, these sources of stress also enhance the social problems among the male adolescents in the study sample however, the influence is not significantly correlated.

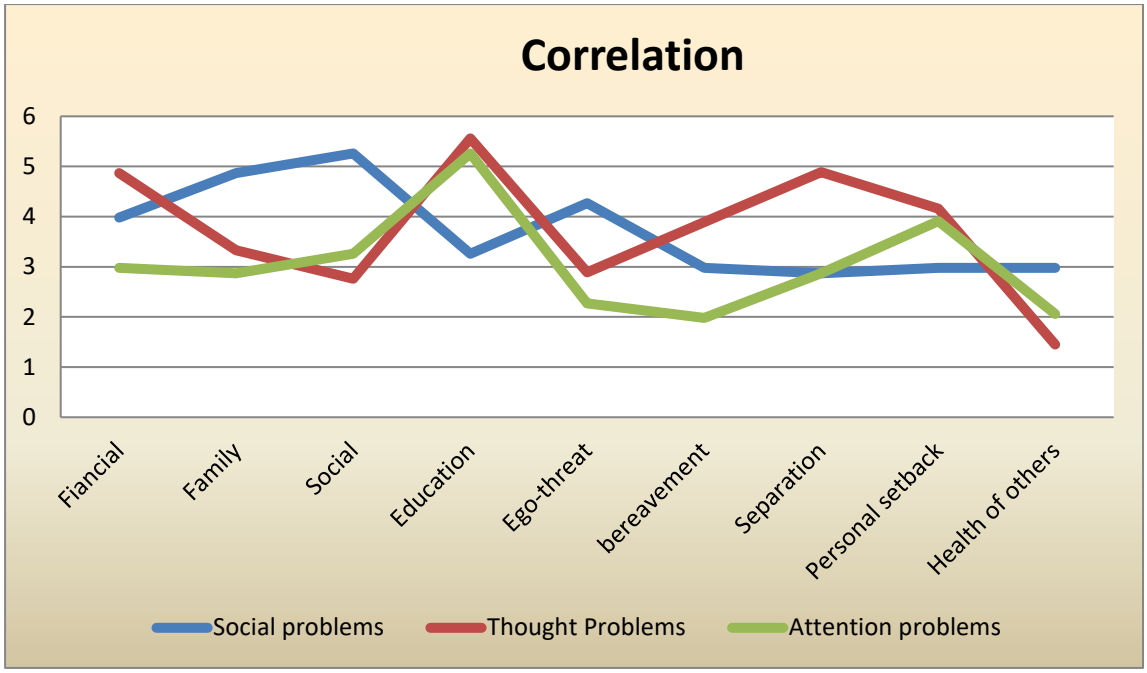
Considering the Thought problem factor of neither Internalizing nor externalizing behavioural problems among the participants, it is clear from table that all the sources of stress are positively correlated to the thought problems among the male adolescents in the present study. The most influencing stressors for the thought related problems among the subjects are Education related stress (Correlation coefficient=0.55) and Financial problems (correlation coefficient=0.48). Separation (Correlation coefficient = 0.41), Bereavement (Correlation coefficient = 0.37) and Family problems (Correlation coefficient = 0.33) are the next sources of stress which significantly influence the thought problems among the participants. The correlation coefficients for the others sources of stress namely; Social problems (Correlation coefficient = 0.27); Ego threat (Correlation coefficient = 0.28); Personal setback (Correlation coefficient = 0.24) and Health of others (Correlation coefficient = 0.14) are not significant, but are positively related to the thought related problematic behaviour of the subjects in the study. Thus, these sources of stress also contribute

positively to increase the attention deficit syndrome among the male adolescents in the study sample; however, the influence is not significantly correlated.

Taking into consideration the Attention problems among the participants, it is clear from table that all the sources of stress are positively correlated to the Attention problems of neither Internalizing nor externalizing syndrome of emotional/behavioural problems. The most influencing stressors for the Attention problems s among the subjects are Education related stressor (Correlation coefficient = 0.52) and Personal setback (correlation coefficient = 0.39). The correlation coefficients for the others sources of stress namely; Social (correlation coefficient = 0.32); Family (0.28) and Financial issues (correlation coefficient = 0.28) are the next significantly correlated factors towards attention problems among the subjects in the present study.

Ego threat (correlation coefficient = 0.23); Bereavement (correlation coefficient =0.19), separation (correlation coefficient =0.19) and Health of others (correlation coefficient = 0.20) are not significantly correlated, but are positively related to the attention deficit behavioural problems among the subjects in the study. Thus, these sources of stress also enhance the tendency of attention problems among the male adolescents in the study sample; however, the influence is not significantly correlated.

Graph 4.15: Shows the Correlation between sources of stress and Emotional and behavioural problems regarding Neither Internalizing nor Externalizing syndrome:



Graph 4.15 shows the Correlation between sources of stress and neither internalizing nor externalizing syndrome of Emotional/Behavioural problems. A look at the graph indicates that all the sources of the stress are positively correlated to all the three factors of neither internalizing nor externalizing syndrome of Emotional/behavioural problems namely; Social problems, Thought problems and attention problems. Considering the Social problems, Socially related stress factors, family stressors, Ego-threat and Financial stressor are highly correlated to the Social problems pertaining to neither internalizing nor externalizing syndrome. Thus, it is inferred that increase in these stress sources shows a relative increased tendency of the social problems among the participants of the present study. However, the other stressors not significantly correlated to the socially related problems of behavioural disorder among the subjects of the present study.

Taking into consideration, Thought problem factor of neither Internalizing nor externalizing behavioural problems among the participants, it is evident from the graph that sources of stress namely; Education related stress, Financial problems, Separation, Bereavement and Family problems are highly correlated to the thought problems among the subjects in the present study, however, the other sources of stress such as Social problems, Ego threat, Personal setback and

Health of others are not significant, but are positively related to the thought related behaviour problems among the subjects in the study.

Considering the Attention problems among the participants, it is clear from the graph that all the sources of stress are positively correlated to the Attention problems of neither Internalizing nor externalizing syndrome. The most influencing stressors for the Attention problems among the subjects are Education related stressor, Personal setback, Social, and Financial issues, however, the other sources of stress such as Ego threat, Bereavement, separation and Health of others are not significant, but are positively related to the Attention problems behaviour among the male adolescents subjects in the study.

From the above results it is clear that the sources of stress are significantly correlated to Neither internalizing nor externalizing syndrome of the Emotional/Behavioural problems among the subjects of the present study, thus the third hypothesis which states that**,** "***There will be significant correlation of different sources of students stress with Emotional and behavioural problems among adolescents regarding Neither internalizing nor externalizing (social problems, Thought problems and Attention problems)***" is **accepted a**s warranted by the results of the study.

The results of the present study are in accordance with the earlier research by Dupas and Robinson (2009), Porter and Bonilla (2010), Rosen and Venkatesh (2008). Studies by Miguel (2005), Thukral, et al. (2005), and Thukral and Ditmore (2003) also had similar findings in their studies.

The prevalence rates of behavioral problems across various studies conducted in different states in India vary, thus making it difficult to get a collective understanding of the extent of the problem. A study by Srinath *et al*., in 2005, conducted on a community-based sample in Bengaluru, revealed the prevalence rates of behavioral problems to be around 12.5% in children up to 16 years of age. Another study done on school children in Chandigarh found the rate of behavioral problems among 4–11 years' old to be 6.3%. As evident from the available literature, the

overall rates of psychiatric illnesses among children and adolescent population across the various states in India and other middle- and low-income countries vary between 5% and 6%. A cursory look at the Western data on the subject indicates that these figures are still on the lower side as prevalence rates of behavioral problems among children and adolescents in Canada, Germany, and the USA have been reported to be 18.1%, 20.7%, and 21%, respectively.

Further, many problems among this population do not meet the diagnostic criteria and are thus considered "subthreshold." Nonetheless, the significant distress that children/adolescents and their families go through because of these mental health issues cannot be undermined. Since research studies on psychiatric problems among children and adolescents in India are relatively few and variable in methodology, the present study was conducted with more robust screening and assessment measures to generate relevant data. This study thus improves our current understanding of the extent and type of behavioral problems among adolescents, in our cultural context.

4.5 Hypothesis 4: *There will be significant correlation of different sources of students stress with neurotic tendency among adolescents*.

To show the significant relation between the sources of stress and the neurotic tendency present in the subjects of the present study, the obtained data is subjected to statistical analysis such as Mean, standard deviations and Correlation and the scores are discussed below;

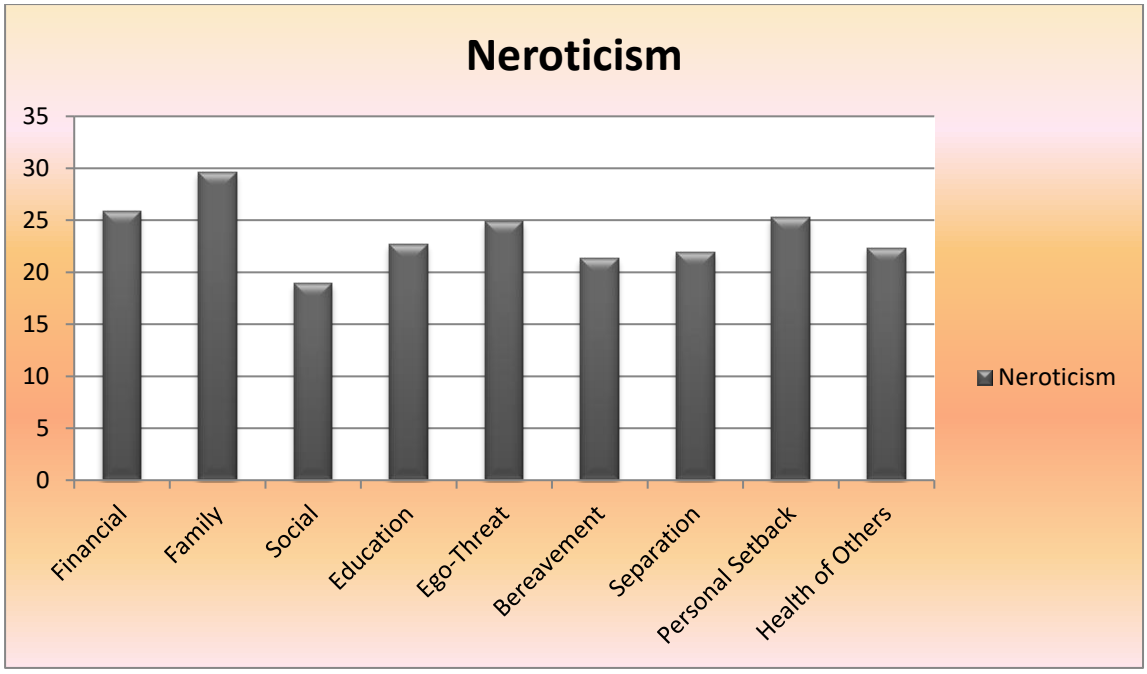
Table 4.16: Shows the Means and S.Ds of the Neurotic personality among adolescents with respect to sources of stress:

S. No.	Sources of Stress	Mean	S.D
1.	Financial	**25.9**	**4.98**
2.	Family	**29.6**	**5.27**
3.	Social	**18.9**	**3.89**
4.	Education	**22.7**	**4.55**
5.	Ego-Threat	**24.9**	**4.24**
6.	Bereavement	**21.3**	**3.76**
7.	Separation	**21.9**	**2.98**
8.	Personal Setback	**25.3**	**4.62**
9.	Health of Others	**22.3**	**3.82**

Table 4.16 shows the Means and S.Ds of the Neurotic personality among the adolescents in relation to the various sources of stress.

From the above scores it is evident that subjects with stress due to Family issues exhibit neurotic syndrome (mean- 29.6) more commonly than the other participants in the study. Financial stressor (mean-25.9) and Personal Setback (mean-25.3) are the next stressor that causes the neurotic behavior. The participants who have stress due to Ego-Threat (mean-24.9) also show moderate levels of neurotic symptoms (mean-19.17). Sources of stress such Education (mean-22.7), Health of Others (mean-22.3), Separation (mean-21.9) and Bereavement (mean- 21.3) are the next contributors for neurotic personality among the subjects in the present study. The male adolescents with social factor of stress (mean-18.9) exhibit lesser neurotic problems among all the subjects.

Graph 4.16: Shows the Means of the Neurotic personality with respect to sources of stress:



Graph 4.16 shows the Means of the Neurotic personality with respect to sources of stress**.** The graph clearly depicts that Family stressor is the major factor responsible for the neurotism among the subjects, followed by Financial and Personal Setback where these stressors also contribute to the neurotic syndrome in the male participants in the present study. Stressors such as Ego-Threat Education, Health of Others, Separation, Bereavement are the next factors that cause neurotic behavior among the subjects. However, the graph reveals that social problems cause least neurotism among the subjects in the study sample than compared to the other sources of stress.

Table 4.17: Shows the correlation of different sources of students stress with neurotic tendency among adolescents:

Sources of stress	Financial	Family	Social	Education	Ego-Threat	Bereavement	Separation	Personal Setback	Health of Others
Nerotic Personality	**0.48**	**0.33**	**0.27**	**0.55**	**0.27**	**0.38**	**0.48**	**0.29**	**0.14**

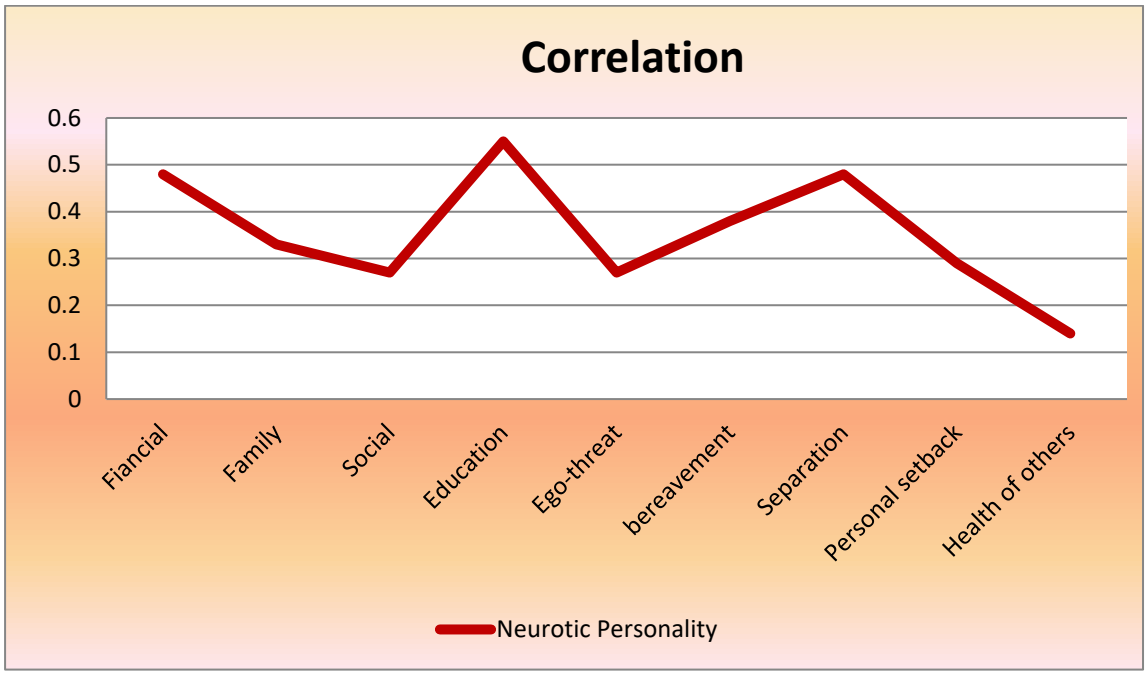
Table 4.17 shows the Correlation between the sources of stress and the Neurotic tendency among adolescents. From the table it is inferred that all the sources of stress and the neurotic personality are positively correlated. This indicates that any kind of stress influences the tendency of neurotism among the male adolescents in the study. An increase in the stressor intensity or level of stress also increases the tendency of neurotic behaviour among the subjects.

Discussing the neurotic tendency among the subjects in the present study, all the sources of stress are positively correlated. Of the nine sources of stress, Education related stress (Correlation coefficient=0.55) and Financial problems (correlation coefficient=0.48) are most significant sources of stress to contribute to the neurotism followed by Separation (Correlation coefficient = 0.41), Bereavement (Correlation coefficient = 0.37) and Family problems (Correlation coefficient = 0.33)**.**

The next major factors that causes Neurotic tendency among the subjects are Social problems (Correlation coefficient = 0.27); Ego threat (Correlation coefficient = 0.28) and Personal setback (Correlation coefficient = 0.24)

The correlation coefficients for Health of others (Correlation coefficient = 0.14) is not significant, thus, Health of others increases the neurotic behaviour among the male adolescents in the study sample however, the influence is not significantly correlated.

Graph 4.17: Shows the correlation between different sources of students stress and neurotic tendency:



Graph 4.17 shows the Correlation between sources of stress and neurotic tendency among the male adolescents in the present study. A look at the graph indicates that all the sources of the stress are positively correlated to the neurotic behaviour. Sources of stress namely; Education related stress, Financial problems, Separation, Bereavement and Family problems are highly correlated to the neurotic syndrome. Thus, it is inferred that increase in these stress sources shows a relative increased tendency of neurotism among the participants of the present study. However, the other stressors namely Social problems, Ego threat, Personal setback and Health of others not significantly correlated to the neurotic tendency among the male adolescents.

From the above results it is clear that the sources of stress are significantly correlated to the neurotic tendency among the subjects of the present study, thus the fourth hypothesis which states that**,** "***There will be significant***

correlation of different sources of students stress with neurotic tendency among adolescents" is **accepted a**s warranted by the results of the study.

SECTION – II: MULTIPLE REGRESSION ANALYSIS (MRA) STEPWISE OF DEPENDENT VARIABLES

As the impact of various sources of stress on the emotional and behavioural problems and the neurotic tendency cannot be overlooked, apart from the main study, the investigator is also interested to study the contribution of various sources of stress towards the dependent variables in the study. Thus, a stepwise multiple regression analysis (MRA) is carried out regarding independent variable that is the nine sources of stress.

In this section, the regression of the dependent variable viz., emotional/behavioural problems and its three factors and the neurotic tendency among the male adolescents are presented and discussed.

Firstly, the MRA (Step-wise) of Emotional/behavioural problems and its three factors namely- Internalizing syndrome (Withdrawn depressed, Anxious depressed and Somatic complaints); Externalizing syndrome (Rule breaking behaviours and Aggressive behaviours) and Neither internalizing nor externalizing (Social problems, Thought problems and Attention problems) is carried out. They are presented in Tables 4.18 through 4.25.

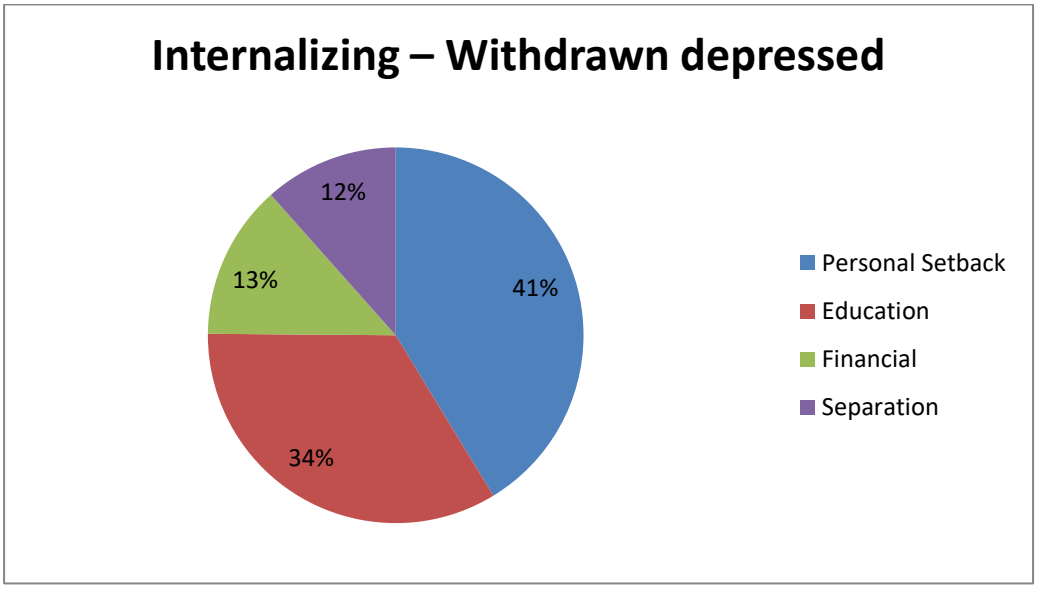
Hypothesis 5: Sources of students stress are significant predictor of adolescents' Internalizing syndrome (Withdrawn depressed, Anxious depressed and Somatic complaints).

Table 4.18: Summary Table of MRA stepwise of Internalizing syndrome - Withdrawn depressed:

Step.No.	Variable Entered	R^2	PV	'F' value to enter or remove
1.	Personal Setback	**0.029**	**3.32**	**25.7**
2.	Education	**0.061**	**2.72**	**15.3**
3.	Financial	**0.081**	**1.07**	**12.1**
4.	Separation	**0.13**	**0.93**	**10.4**

MRA of the Withdrawn depression (Table – 4.18) brought out Personal Setback as a major contributor to Withdrawn depression, which accounted for 33.2 percent of variance. The next important variable is Education accounting about 27.2 percent and financial stressor followed with 10.7 percent and Separation with 9.3 percent of variance towards Withdrawal depression factor of Internalizing syndrome of the Emotional/Behavioural problem. Together these stressors accounted for 81 percent of variance in dependent variable. However, the other sources of stress are insignificant.

Graph 4.18: shows the Percentage of the Sources of stress towards Withdrawn depression of the Internalizing Syndrome:



Graph 4.18 shows the Percentage of the Sources of stress towards Withdrawn depression of the Internalizing Syndrome among the subjects of the present study. The above clearly depicts that the stressor, Personal Setback is a major contributor to Withdrawn depression, followed by Education, financial stressor and Separation. These sources of stress are the major contributors for the withdrawn depression behavior problem among the male adolescents of the present study. However, the contribution from the other sources of stress is insignificant.

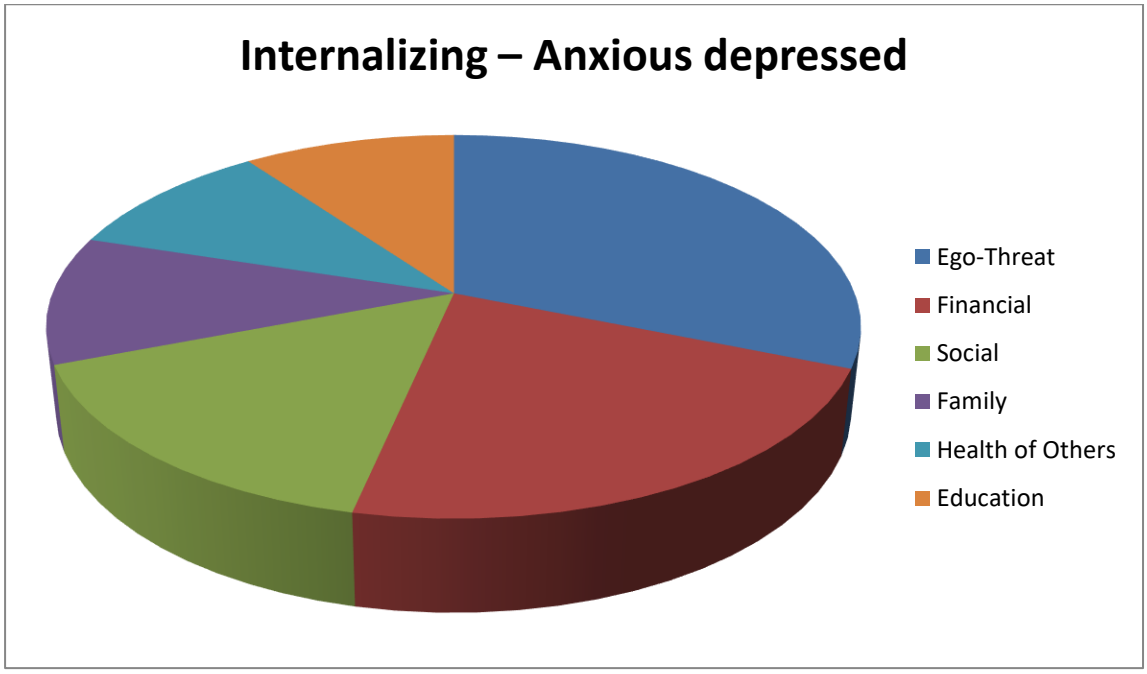
Table 4.19: Summary Table of MRA stepwise of Internalizing syndrome- Anxious depressed:

Step.No.	**Variable Entered**	R^2	**PV**	**'F' value to enter or remove**
1.	Ego-Threat	**0.03**	**3.01**	**6.12**
2.	Financial	**0.06**	**2.14**	**6.08**
3.	Social	**0.08**	**1.52**	**6.04**
4.	Family	**0.09**	**1.05**	**5.56**
5.	Health of Others	**0.11**	**0.98**	**5.12**
6.	Education	**0.13**	**0.96**	**4.98**

As a next step, the MRA of Anxious depressed is taken up. Table 4.19 gives the summary of MRA data of the Internalizing syndrome pertaining to anxious depressed

The MRA for anxiety and depression shows that six sources of stress put together account for more than 80 percent of the variance. Stressor Ego-Threat accounts for 30.1 percent of variance, Financial stress accounts for 21.4 percent, stress from social factors is responsible for 15.2 percent of contribution, 10.5 percent is contributed by Family problems, 9.8 percent is contributed by health of others and Education accounts only for 9.6 percent of variance. The remaining variables are not significant.

Graph 4.19: Shows the Percentage contribution of the Sources of stress towards Internalizing syndrome-Anxious depressed:



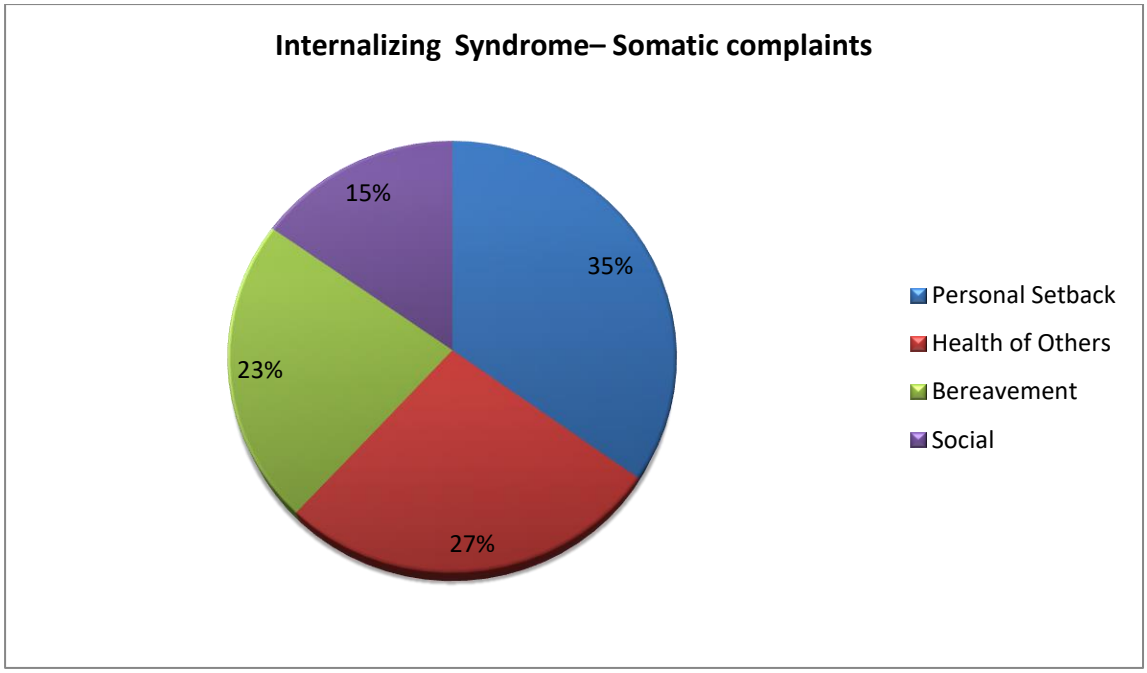
Graph 4.19 shows the Percentage contribution of the Sources of stress towards Internalizing syndrome-Anxious depressed. Ego-threat is the major contributor for the anxiety related depression among the participants in the present study, followed by Financial stress, social stressors, Family problems and health of others. Among the nine sources of stress, Education is the least contributor for the anxiety and depression behavior. The other sources of stress are not considered as their contribution is not significant.

Table 4.20: Summary Table of MRA stepwise of Internalizing syndrome – Somatic complaints

Step.No.	Variable Entered	R^2	PV	'F' value to enter or remove
1.	Personal Setback	**0.22**	**2.47**	**6.23**
2.	Health of Others	**0.43**	**1.91**	**6.11**
3.	Bereavement	**0.48**	**1.62**	**5.16**
4.	Social	**0.61**	**1.08**	**5.01**

MRA of the Internalizing syndrome –Somatic complaints (Table -4.20) brought out Personal Setback as a major contributor to Somatic related behavioural problem, which accounted for 24.7 percent of variance. The next important variable is Health of Others accounting about 19.1 percent and stress from bereavement followed with 16.2 percent of variance towards somatic complaints factor of Internalizing syndrome of the Emotional/Behavioural problem. Social stressor contributes up to 10.2 percent of variance towards the Somatic complaints. Together these stressors accounted for 65 percent of variance in dependent variable. However, the impact of other sources of stress on the somatic behavioural problems is insignificant.

Graph 4.20: Shows the Percentage contribution of the Sources of stress towards Internalizing syndrome-somatic complaints:



Graph 4.20 shows the Percentage contribution of the Sources of stress towards Internalizing syndrome-somatic complaints. From the graph it is evident that the highest contributor for the somatic related behavior problems among the adolescent subjects in the present study is Personal setback followed by Health of others and stress from bereavement. The stress from social issues contributes least to the somatic complaints regarding the Internalizing behavior of the emotional and behavioural problems.

From the results presented above it is concluded that the various sources of stress are significant predictor of Internalizing syndrome thus the fifth hypothesis which states that, "***Sources of students stress are significant predictor of adolescents' Internalizing syndrome (Withdrawn depressed, Anxious depressed and Somatic complaints)***" is **accepted** as warranted by the results of the present study.

This is similar to the findings by Deb *et al*. Analysis of CRS when applied to these children for ADHD and related disturbances did not show a significant difference between the groups. This is similar to the study by Meyer *et al*. About 52.7% of children among the total study population were found to have behavioral problems such as anxiety, depression, somatic and attention related problems ideas during initial screening which needed attention. Male adolescents in

the study showed more externalizing behavioral problems. Many higher than the available Indian studies quoted – where a different vantage point and methodology may have been responsible.

Emotional maladjustment is a problem that has worsened in recent decades with chronic and severe consequences. There seems to be a relationship between health problems during adolescence and behavioral problems (Costello et al., 2006; Pacheco, Vitalle, Montesano & Pedromônico, 2003). A study conducted in an outpatient clinic for children and adolescents with obstructive sleep disorders (Uema, Vidal, Fujita, Moreira, & Pignatari, 2006) reported that one quarter presented externalizing disorders.

Children and adolescents with epilepsy presented more behavioral and emotional problems than the control group, especially the boys (Høie et al., 2006). Zashikhina and Hagglof (2007) found similar results when studying adolescents with chronic diseases, especially girls with asthma and boys with epilepsy. Adolescents with inflammatory bowel disease presented more symptomatic behaviors such as anxiety and depression, social problems, thought problems, and somatic complaints (Väistö, Aronen, Simola, Ashorn, & Kolho, 2009). Children who become anxious in the face of dental treatment also presented more indicators of stress and emotional and behavioral problems (Cardoso & Loureiro, 2005). Mota, Bertola, Kim and Teixeira (2010) observed that children with Noonan Syndrome presented behavior indicative of anxiety/depression and aggressiveness. Fontes Neto et al. (2005) interviewed mothers of children and adolescents with atopic dermatitis and observed that these patients presented more internalizing and externalizing problems than the control group, especially anxiety and depression, thought problems and aggressiveness.

4.7 Hypothesis 6: *Sources of students stress are significant predictor of adolescents' Externalizing Syndrome (Rule breaking behaviours and Aggressive behaviours).*

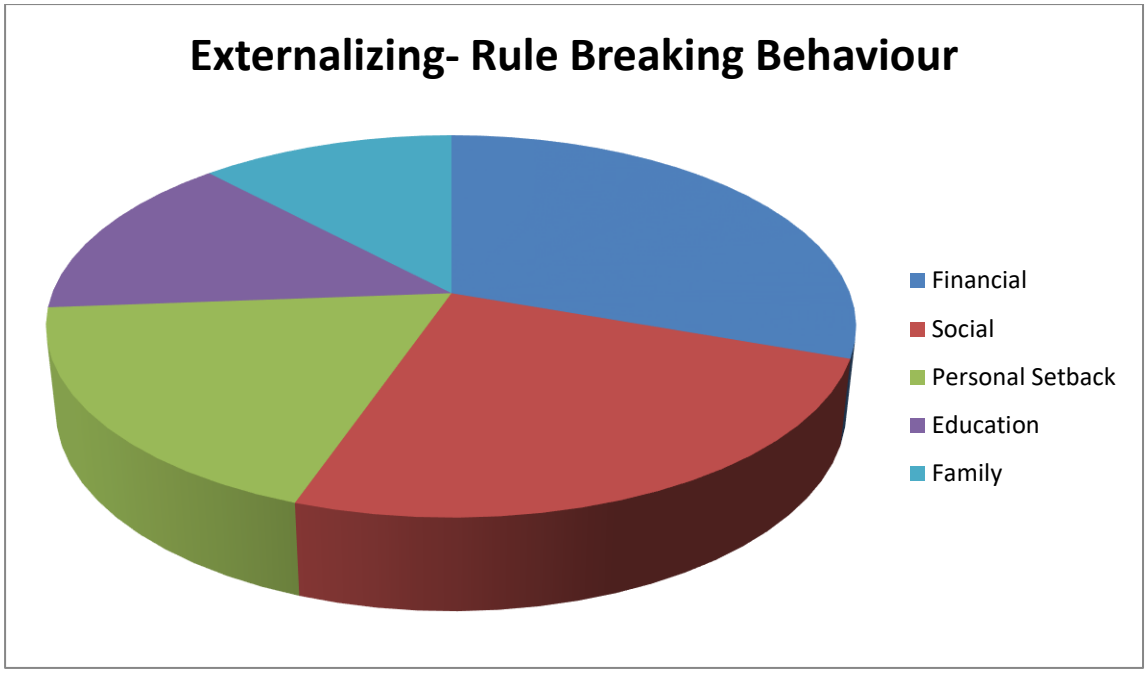
The following tables show the MRA regarding the sources of stress on Externalizing syndrome and the two factors namely Rule breaking behavior and Aggressive behavior.

Table 4.21: Summary Table of MRA stepwise of Externalizing- Rule Breaking Behaviour:

Step.No.	Variable Entered	R^2	PV	'F' value to enter or remove
1.	Financial	**0.029**	**3.32**	**25.7**
2.	Social	**0.061**	**2.72**	**25.3**
3.	Personal Setback	**0.081**	**2.07**	**25.1**
4.	Education	**0.112**	**1.55**	**24.3**
5.	Family	**0.161**	**1.31**	**22.6**

In the Rule breaking behaviour (Table – 4.21) component of externalizing syndrome of Emotional/behavioural problems, the MRA brought into focus the Financial stress among the subjects as a major contributor to Rule breaking behaviour accounting about 33.2 percent of variance. Social stressor is next in importance contributing nearly 27.2 percent of variance, followed by Personal Setback (20.7 percent), and Education (15.5 percent) and Family (13.1 percent). Together these variables contributed nearly 80 percent of variance. The other variables are insignificant.

Graph 4.21: Shows the Percentage contribution of the Sources of stress towards Externalizing syndrome – Rule Breaking Behaviour:



Graph 4.21 shows the Percentage contribution of the Sources of stress towards Externalizing syndrome – Rule Breaking Behaviour. The graph clearly shows the percentage contribution of the various sources of stress towards the rule breaking behavior among the male adolescent subjects in the study sample.

The graph indicates that Financial stress is the most significant contributing factor for the Rule breaking behavior followed by Social stressors, Personal Setback on the part of the adolescents. The other sources of stress which also have significant contribution towards rule breaking behavior is Education related stress and Family stressor.

Table 4.22: Summary Table of MRA stepwise of Externalizing- Aggressive Behaviour

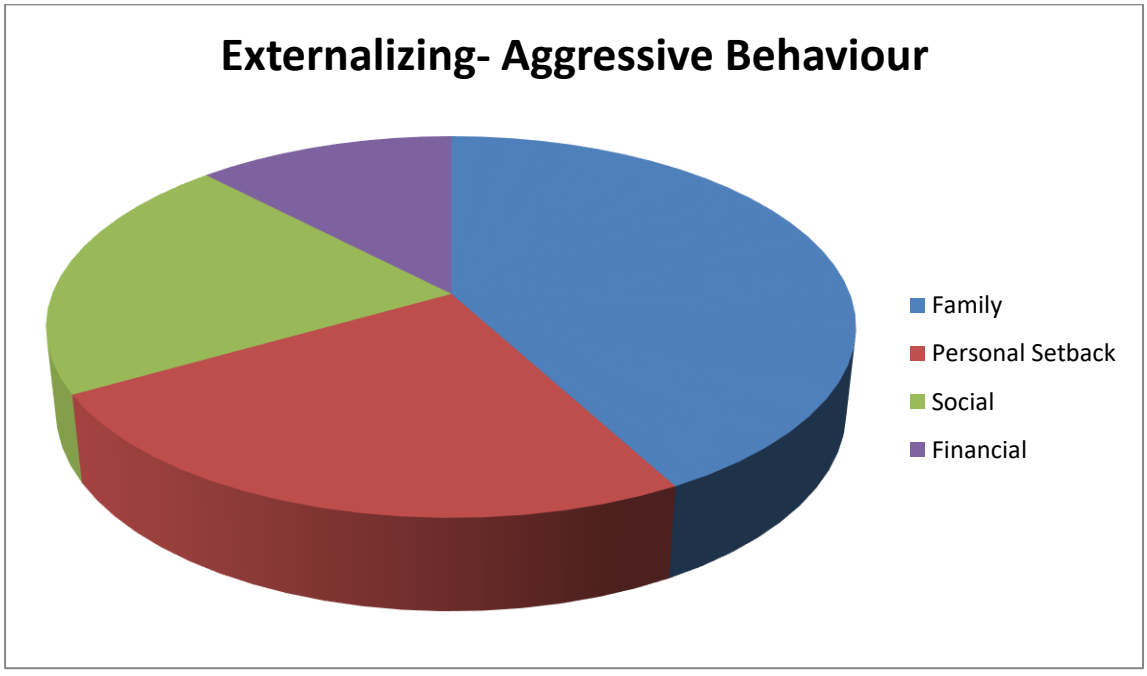
Step.No.	**Variable Entered**	R^2	**PV**	**'F' value to enter or remove**
1.	Family	**0.042**	**3.29**	**5.91**
2.	Personal Setback	**0.062**	**1.92**	**5.56**

3.	Social	**0.089**	**1.65**	**4.13**
4.	Financial	**0.096**	**0.95**	**4.01**

Table 4.22 shows the percentage variance of sources of stress on the Aggressive Behaviour of Externalizing syndrome of the Emotional/Behavioural problems among the participants of the present study. In the Aggression behaviour (Table – 4.22) component of Externalizing syndrome , the MRA brought into focus the Family stressor of the subjects as a major contributor to the Aggression accounting about 32.9 percent of variance. Personal Setback is next in importance contributing nearly 19.2 percent of variance. Social stressor contributes for 16.5 percent of the variance and stress from Financial issues 9.50. Together these variables contributed nearly 70 percent of variance. The other sources of stress are insignificant.

The analysis for a pattern of distribution of behavioral problems in children revealed them to be more of externalizing ones. This goes along with the findings by Chaudhury *et al*., Shetty and Shihabuddeen, and Shastri *et al*

Graph 4.22: shows the Percentage contribution of Sources of stress towards Aggressive Behaviour of Externalizing syndrome:



Graph 4.22 shows the Percentage contribution of Sources of stress towards Aggressive Behaviour of Externalizing syndrome. From the graph it is clear that Family stressor and personal setback on the part of the subjects are the major factors responsible for the Aggression among the male adolescents in the study sample. The others stressor contributing to the aggressive behviour are stress from social issues and financial stress.

After examining the MRA (Step-wise) of Externalizing syndrome and its component namely rule breaking behavior and aggressive behaviour and the contribution of the sources of stress, carried out for the total sample (N = 800) shows that Family stressor, Financial stress, Personal setback and social issues are the most important variables accounting for the percent of variance towards externalizing syndrome of emotional/behavioural problems among the subjects in the present study. Thus, the sixth hypothesis which states that, "***Sources of students stress are significant predictor of adolescents' Externalizing Syndrome (Rule breaking behaviours and Aggressive behaviours)"*** is **accepted** as supported by the results of the study.

The results of the present study are in tune with the earlier research findings in the same direction. Behaviors that negatively affect social relationships are more evident at the beginning and at the midway point of adolescence, between 11 and 16 years old (Pacheco, Alvarenga, Reppold, Piccinini, & Hutz, 2005). A Swiss epidemiological study reported that older adolescents, assessed by the Youth Self Report (YSR), presented slightly more attention deficit than younger adolescents (Steinhausen & Metzke, 1998). Older Greek adolescents, assessed by the same instrument, also presented more problems, especially in the domain of Delinquent Behavior (Roussos et al., 2001). Other studies, however, show that behavioral problems and externalizing problems diminish with age, while internalizing problems increase with age (Crijnen, Achenbach, & Verhulst, 1997; Merikangas et al., 2010).

4.8 Hypothesis 7: *Sources of students stress are significant predictor of adolescents' Neither internalizing nor externalizing (Social problems, Thought problems and Attention problems).*

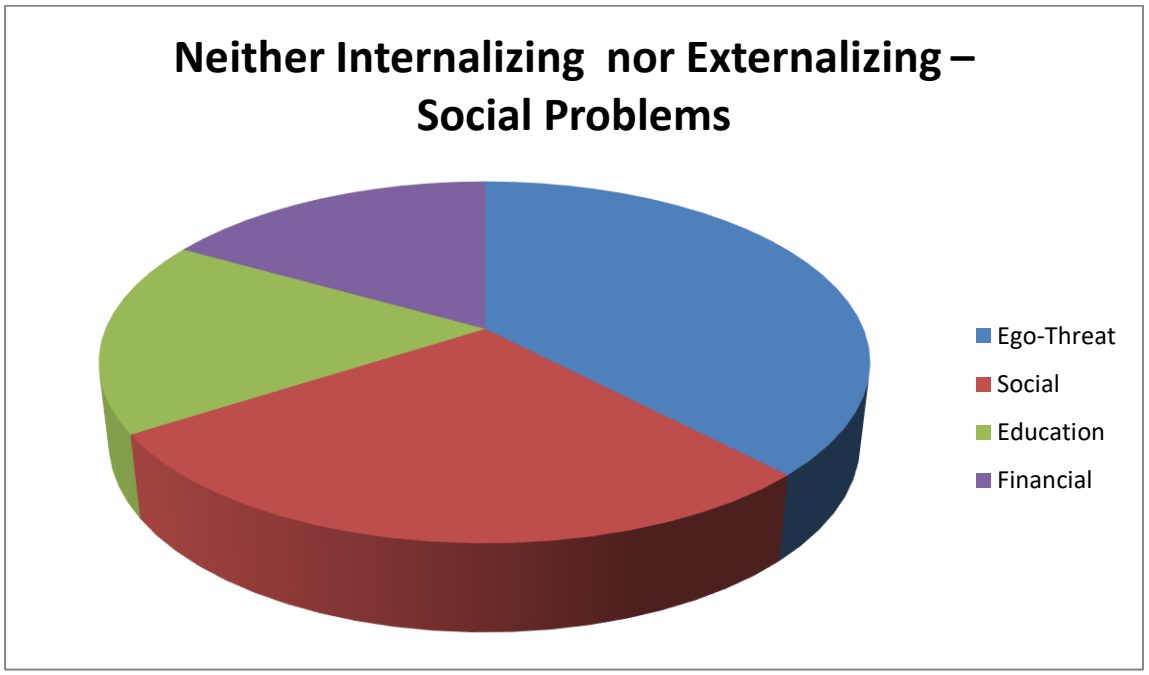
The percentage contribution of the nine sources of stress on the Social problems, Thought problems and Attention problems with respect to neither internalizing nor externalizing syndrome of Emotional and behavioural problems among the participants in the study is shown in the following tables.

Table 4.23: Summary Table of MRA stepwise of Neither Internalizing nor Externalizing – Social Problems

Step.No.	**Variable Entered**	R^2	**PV**	**'F' value to enter or remove**
1.	Ego-Threat	**0.029**	**2.32**	**25.9**
2.	Social	**0.061**	**1.72**	**25.7**
3.	Education	**0.081**	**1.07**	**25.3**
4.	Financial	**0.096**	**1.03**	**25.1**

The MRA belonging to Social problems of Neither externalizing nor internalizing syndrome (Table – 4.23) among the adolescent subjects in the present study brought out the fact that in this factor it is the Ego-Threat which accounted maximum (**23.2** percent) to the variance in the dependent variable, Social **issues** followed suit with **17.2** percent. Education and Financial stressors contributed 10.2 and 10.3 percent respectively. Together, these variables account for 55 percent variance in the dependent variable, Social problems among the adolescent students. The other variables are insignificant.

Graph 4.23: shows the Percentage contribution of Sources of stress towards Social problem of neither Internalizing nor Externalizing syndrome:



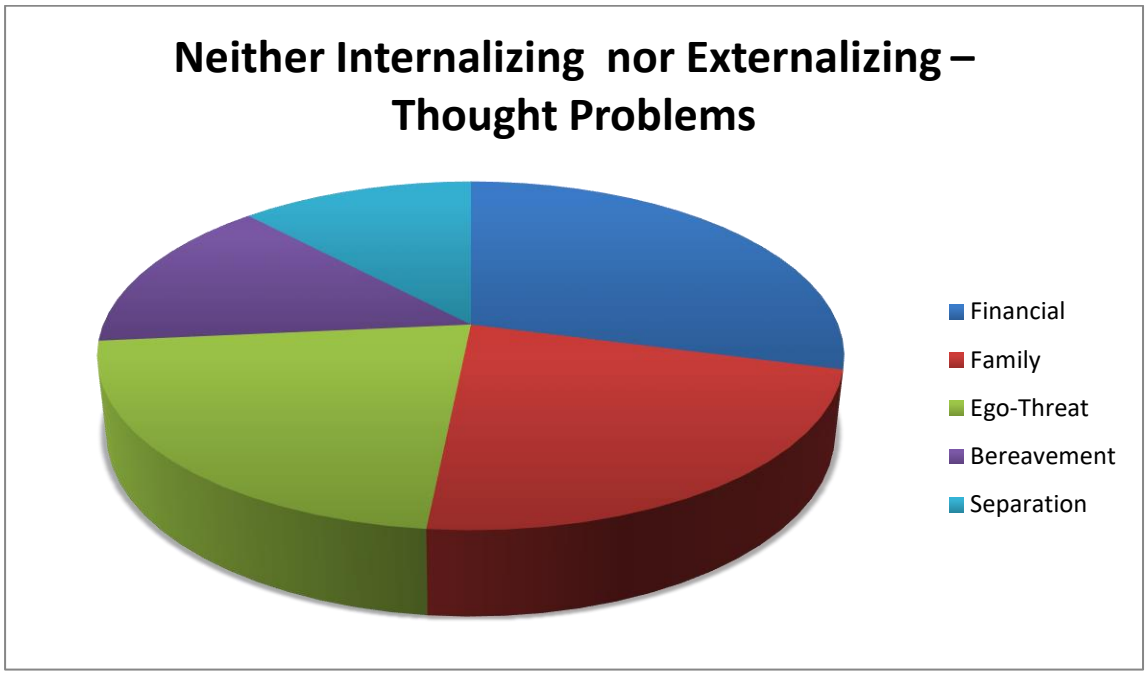
Graph 4.23 shows the Percentage contribution of Sources of stress towards Social problem of neither Internalizing nor Externalizing syndrome. From the graph it is clear that Ego-Threat is the major contributor to the variance in the dependent variable, followed by Social issues and Education related stress and Financial stressors. The other variables are insignificant.

Table 4.24: Summary Table of MRA stepwise of Neither Internalizing nor Externalizing – Thought Problems

Step.No.	Variable Entered	R^2	PV	'F' value to enter or remove
1.	Financial	**0.022**	**2.47**	**5.89**
2.	Family	**0.043**	**1.91**	**5.91**
3.	Ego-Threat	**0.061**	**1.86**	**5.66**
4.	Bereavement	**0.069**	**1.23**	**5.13**
5.	Separation	**0.078**	**1.02**	**5.08**

The MRA belonging to Neither Internalizing nor Externalizing – Thought Problems (Table – 4.24) among the male subjects in the study brought out the fact that in this behaviour problem it is the Financial stressor which accounted maximum (24.7 percent) to the variance in the dependent variable, family stressor followed suit with 19.1 percent. Sources of stress namely Bereavement and Separation contributed 12.3 and 10.2 percent respectively. Together, these variables account for about 80 percent variance in the dependent variable, thought problems. The other variables are insignificant.

Graph 4.24: shows the Percentage contribution of Sources of stress towards Thought problem of neither Internalizing nor Externalizing syndrome:



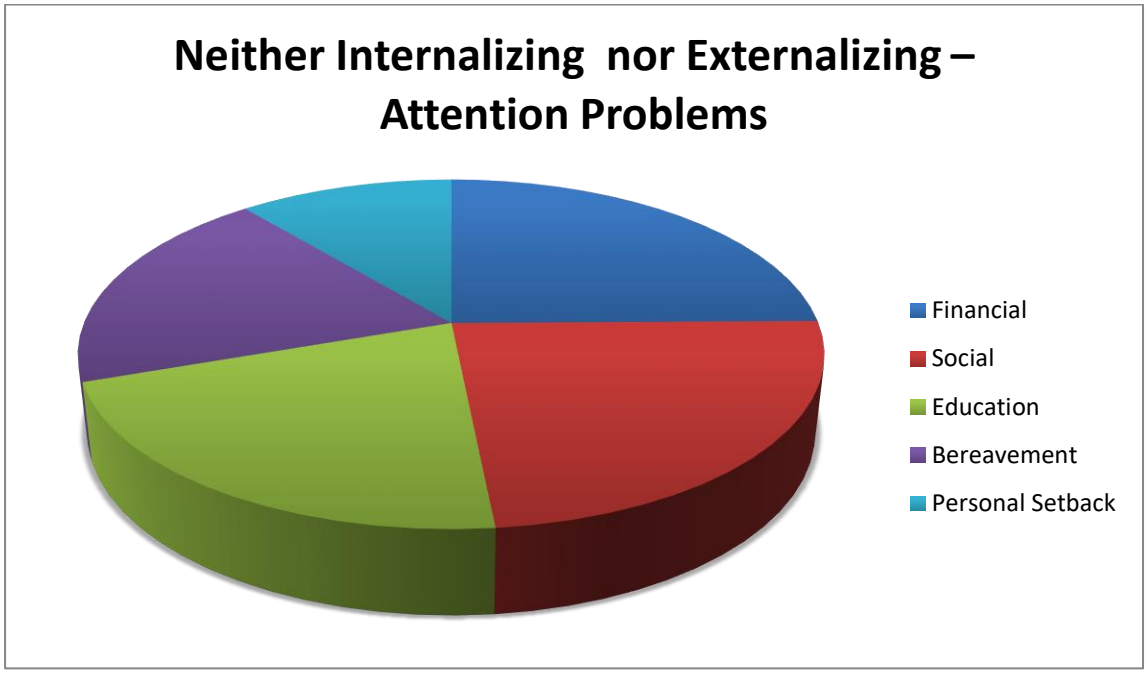
Graph 4.24 shows the Percentage contribution of Sources of stress towards Thought problem of neither Internalizing nor Externalizing syndrome. A look at the graph indicates that the major contributing stressor for the thought problems among the subjects is Financial stressor. The next contributing stressor is family stressor followed by Bereavement and Separation, which are also te contributing factors for the thought related problems among the male subjects in the present study.

Table 4.25: Summary Table of MRA stepwise of Neither Internalizing nor Externalizing – Attention Problems :

Step.No.	Variable Entered	R^2	PV	'F' value to enter or remove
1.	Financial	**0.042**	**2.29**	**2.89**
2.	Social	**0.048**	**2.18**	**2.73**
3.	Education	**0.056**	**1.96**	**2.68**
4.	Bereavement	**0.061**	**1.78**	**2.55**
5.	Personal Setback	**0.072**	**1.64**	**2.15**

The MRA belonging to Neither Internalizing nor Externalizing – Attention Problems (Table – 4.25) among the male subjects in the study brought out the fact that in this behaviour problem it is the Financial stressor which accounted maximum (22.9 percent) to the variance in the dependent variable, Social stressor followed suit with 21.8 percent. Sources of stress namely education and Personal setback contributed 17.8 and 16.4 percent respectively. Together, these variables account for about 75 percent variance in the dependent variable, attention problems. The other variables are insignificant.

Graph 4.25: Shows the percentage contribution of sources of stress towards Neither Internalizing nor Externalizing – Attention Problems :



Graph 4.25 shows the percentage contribution of sources of stress towards neither Internalizing nor Externalizing – Attention Problems. The graph shows that Financial stress is the major contributing factor for the attention related problem. The other sources of stress namely Social, Education, Bereavement and Personal Setback are also significant contributors for the attention related behavior.

After examining the MRA (Step-wise) of neither externalizing nor internalizing syndrome of emotional/behavioural problems and its component namely Social problems; Thought problems and attention problems and the contribution of the various sources of stress, carried out for the total sample (N = 800) shows that Financial stressor, family stressor and education are the most important variables accounting for the percent of variance. Thus, the seventh hypothesis which states that, "***Sources of students stress are significant predictor of adolescents' neither internalizing nor externalizing (Social problems, Thought problems and Attention problems***)", is **accepted** as warranted by the results of the present study.

This result is compatible with other findings in the literature addressing this subject (American Psychiatric Association [APA], 2002; Merikangas et al., 2010;

Orton, Riggs, & Libby, 2009). Even though everyone experiences temporary sadness, for some this feeling has such a strength that it affects social relationships, everyday life, and general well being (Compas et al., 1993).

Difficulties in social relationships are common causes of anguish among adolescents (Honkalampi et al., 2009). There is an association between the beginning of puberty and social anxiety, especially among those who develop secondary physical characteristics before their peers (Blumenthal, Leen-Feldner, Trainor, Babson, & Bunaciu, 2009). The beginning of adolescence leads to many changes that mainly affect the child's autonomy (Schoen-Ferreira, 2007; Schulenberg et al., 1997). If once the child felt protected by adults, these same adults pressure her/him to take on responsibilities. There are many changes adolescents may feel unable to cope with. One example is when adolescents enter the fifth grade: new school, many teachers (there is not a single teacher as a reference point), there is a need to make new friends and solve problems by themselves. Up to the fourth grade, the adolescent is part of the older kids group and they know everything about the school, while in the fifth grade, new students become part of the youngest group and do not know how the new school functions. The status of new student is usually less prestigious than that of senior student and the adolescent needs to learn rapidly how to behave in this new academic context. Many parents also start delegating more responsibilities to their children concerning their health, such as going to medical consultations by themselves or taking medication without proper monitoring (Schoen & Vitalle, in press). It is likely that this large number of changes demanded at the beginning of adolescence may trigger more social-related problems.

4.9 Hypothesis 8: *The variance in adolescents' neurotic tendency is significantly explained by sources of students stress.*

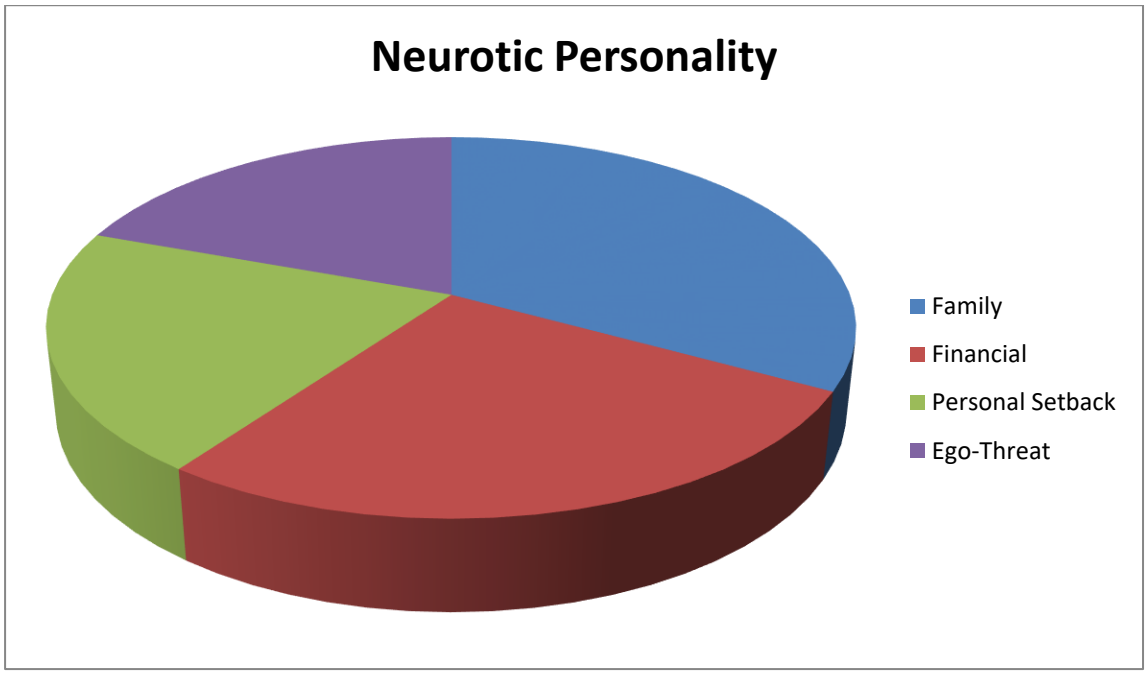
The percentage contribution of the nine sources of stress on the neurotic tendency among the participants in the study is shown in the following table.

Table 4.26: Summary Table of MRA stepwise of neurotic tendency among adolescents:

Step.No.	Variable Entered	R^2	PV	'F' value to enter or remove
1.	Family	**0.029**	**3.32**	**25.7**
2.	Financial	**0.061**	**2.72**	**25.3**
3.	Personal Setback	**0.081**	**2.07**	**25.1**
4.	Ego-Threat	**0.093**	**1.96**	**24.91**

The MRA pertaining to neurotic tendency among adolescents brought out stress from the family as the important contributor to neurotic tendency (Table – 4.26). It accounted for 33.2 percent of the variance. Next in order is "financial stress" which accounted for 27.2 percent and "personal setback" accounted for 20.7 percent of variance. Ego threat is another source of stress which contributes up to 19.6 to the neurotic behavior among the subjects in the study. Together these variables accounted for nearly 70 percent of variance in the dependent variable. The other variables are insignificant.

Graph 4.26: Shows the percentage contribution of sources of stress towards neurotic tendency among adolescents:



Graph 4.26 shows the percentage contribution of sources of stress towards neurotic tendency among adolescents. The graph shows that Family related stress is the major contributing factor for the neurotic personality among the participants of the study. The other sources of stress namely Financial, Personal Setback and Ego-Threat are also significant contributors for the attention related behavior.

After examining the MRA (Step-wise) of Neurotic tendency and the contribution of the various sources of stress, carried out for the total sample (N = 800) shows that Financial stressor, family stressor, Personal Setback and Ego-Threat are the most important variables accounting for the percent of variance. Thus, the eighth hypothesis which states that, "***The variance in adolescents' neurotic tendency is significantly explained by sources of students stress***" is **accepted** as supported by the results of the present study.

Earlier research studies also conclude that neurotic personality is typified by aggressiveness and interpersonal hostility. The results of the present study are similar to study by Muzammil *et al*. and Malhotra and Patra. Few western studies have shown higher prevalence rates of emotional and behavioural problems. The disparate estimate of prevalence and need for national data on epidemiology has been highlighted by Sharan and Sagar. It emphasizes that although available Indian studies have started to address the unmet need for systematic information tracking of the prevalence and distribution of mental disorders, national data are still not available.

Adolescents are highly vulnerable to psychiatric disorders. This study aimed to explore the prevalence and patterns of behavioural and emotional problems in adolescents. It was also aimed to explore associations between socioenvironmental stressors and maladaptive outcomes.

Very young children can experience significant and impairing mental health problems at rates comparable to older children. Early adversity, including abuse and neglect, increases the risk of early childhood emotional, behavioral, and relationship problems and is associated with developmental, medical, and mental health problems through the lifespan. EBTs can address early childhood mental health problems effectively, reducing symptoms and impairment and even normalizing biological markers. By contrast, the research base examining safety and efficacy of pharmacologic interventions is sparse and inadequate. Systems issues, including graduate medical education systems, access to trained providers of EBTs for very young children, and coding, billing, and payment structures all interfere with access to effective interventions. Not insignificantly, social stigma related to mental health held by parents, primary care providers, and the greater society likely work against access to care for children.

Adolescence is the period between the ages of 10 and 19 years old (World Health Organization [WHO], 2008). Entering middle school coincides with changes taking place in terms of physical, social and cognitive development (Burke, Brennan, & Roney, 2010). Evolutionary changes represent both a stimulus and a challenge for the development of human beings, as well as a source of difficulties (Schulenberg, Maggs, & Hurrelmann, 1997). Poorly managed changes may lead to increased tension between parents and children, mental health issues, and the adoption of risk-taking behaviors such as the consumption of alcohol and other drugs (Costello, Foley, & Angold, 2006; Dallo & Martins, 2011). Even though the period of adolescence, in comparison to earlier developmental stages, presents a lower prevalence of acute diseases (Bee & Boyd, 2011), adolescents still require medical care both to treat (chronic or acute) conditions and health problems arising from behavior that put their lives or health at risk (Vitalle et al., 2010). A total of 10% to 25% of young individuals present some type of mental condition (Merikangas et al., 2010).

Adolescents are more susceptible to behavioral problems indicative of mental disorders (Burke et al., 2010; Dall'Agnol et al., 2011). These kinds of behaviors should be taken seriously by health workers because they not only significantly interfere in daily life but may also hinder a healthy developmental process, thus hindering evolutionary tasks and entrance into adulthood. Merikangas et

al. (2010) stress that mental disorders during adolescence require preventive actions and interventions to be implemented at this age or even during childhood. This study enabled us to collect information concerning emotional and behavioral problems among adolescents who attended an ambulatory service; such information can support the organization and planning of psychological care delivered to patients.

Previous study also emphasizes the need for periodic screening of children among schools for behavioral problems which may serve as early indicators of future psychopathology. Once a detailed assessment of behavioral problems is over, life skills training modules developed by the World Health Organization for schools may help schools in reducing the number of behavioral problems and development of psychopathology among children.

This study's results indicate that all the scales included adolescents classified as clinical (many behaviors indicative of problems in that specific domain), which indicates a need for counselors in colleges and schools (Secretaria de Estado da Saúde de São Paulo, 2008) - or when this is not a feasible alternative, the need to refer adolescents to a facility where they can receive proper care.

The frequency with which female adolescents were classified into the clinical range of Delinquent Behavior and Aggressive Behavior was greater than that of male adolescents, a finding that differs from those reported in the literature (Nurmi, 1997; Vasey, Kotov, Frick, & Loney, 2005), though some studies have also found a relationship between the female gender and externalizing problems, often associated with depression (Silva, 2003; Honkalampi et al., 2009). Female adolescents are currently more assertive than male adolescents and many of their behaviors are alike, though girls judge themselves by a different standard. Behaviors considered 'female' such as being withdrawn, shyness, submissiveness and passiveness, still remain in the social imaginary, consequently, girls are judged more rigorously when they act aggressively. A more confident and entrepreneurial behavior is often confused with aggressive behavior because it sometimes hurts, injures or destroys (Silva, 2003). The results suggest there is a need for programs enabling the development of social skills.

It is observed in studies addressing patients with chronic diseases (Mota et al., 2010; Uema et al., 2006; Väistö et al., 2009; Zashikhina & Hagglof, 2007) that there is a similar or smaller percentage of adolescents attending outpatient services classified in the YSR's clinical range. However, compared with the control groups (Hintikka et al., 2009), more patients in this study presented behavioral or emotional problems. Hence, professionals working with this age group should, in addition to developing technical skills from their specific field (e.g. medicine, speech therapy, nutrition), also broaden their knowledge concerning cognitive, social, and behavioral development at this age, as well as acquire notions of psychopathology (Cardoso & Loureiro, 2005; Fontes Neto et al., 2005). Problems experienced during the period of adolescence tend to persist throughout adult life to a moderate degree and a high incidence of problems during adolescence is a risk factor for the emergence of psychiatric disorders in adulthood (Honkalampi et al., 2009).

The existing data demonstrate strong empirical support for family-focused interventions for young children with emotional, behavioral, and relationship problems, especially disruptive behavior disorders and anxiety or trauma exposure. By contrast, the empirical literature examining psychopharmacologic treatment is limited and highlights risks of adverse effects. A number of workforce and other barriers may contribute to the limited access.

An analysis of the results of the present study indicates that a sizeable population of our adolescents suffer from various emotional and behavioural problems such as Anxiety, depression, thought problems, social and attention problems and aggression, thus, the adolescents need some kind of support in coping with emotional and behavioural problems. Though many children of families with problems may be normal, knowledge of the family environment and problems in the adolescents-identifies the adolescent-family dyad that may need attention. It indicates towards the need for a multipronged intervention to prevent these problems in adolescents. School based mental health services can handle the problem in most effective way by providing help to the sufferers at earliest. It also seems imperative to have a post of counsellor in every school. The academic achievement and assistance for the same may also be required as that is found to be an important determinant. A community intervention may also be required and school can become the base using

innovative programs like student drama club, street plays etc. thus educating the family as well as the school children.

The Guidelines for Adolescent Preventive Services (AMA, 1997) considers it necessary to inform parents or caregivers about adolescents' physical, social and psychological development, including signs and symptoms indicative of mental disorders. Burke et al. (2010) also deem this guidance important since, in addition to improving intra-family communication and wellbeing among its members, mental health information may also works as a protective factor. Many parents may consider their children's behavior, such as skipping classes, locking themselves in the bedroom without talking to anyone, and physically attacking other people, as typical of adolescence and not mention it to their health professional. Some health workers may also consider such behaviors typical and see them as being part of "Normal Adolescence Syndrome" (Aberastury et al., 1980), but these may actually be signs of psychopathologies. Parents and guardians need to be aware of what and what not to expect at this age because parents are the ones bringing their children to medical appointments. Despite the adolescents' greater independence and autonomy, adults still are the ones deciding whether help is required, as well as when and where it is required.

CHAPTER V

SUMMARY AND CONCLUSION

5.1. INTRODUCTION:

An adolescent is considered as a sensitive period in an individual's life span. Adolescence is often characterized as a period of internal turmoil and external reckless when the adolescents smoke, take drugs, have sex and commit crimes to demonstrate their adulthood (Morffit, 1993). In addition, they have to contend with many developmental problems associated with this unique transitional stage when they experience rapid and striking metamorphosis physically, emotionally, cognitively and socially (Schacter, Gilkbert & Wegner, 2009).

Further in the present competitive world adolescents are also facing enhanced difficulties or stress due to fierce competition in academics, career, peer pressures, parental expectations etc. These all stressors enforced them to cope up not only with the physical demand but also to fit for academic and social demands. The appropriate coping leads towards normal development of personality but otherwise will bring negative aspects in their Personality. Since stress especially in adolescence interferes with normal adolescent development by affecting their physical as well a mental health, studies of adolescents are therefore important for an understanding of the factors and dynamics associated with their emotional, behavior and personality manifestation.

Behavioral and emotional disorders (ICD-10); refer to a disability classification used in educational settings that allows educational institutions to provide special education and related services to students who have displayed poor social and/or academic progress.

Various terms have been used to describe irregular emotional and behavioral disorders. Many of the terms such as mental illness and psychopathology were used to describe adults with such conditions. Mental illness was a label for most

people with any type of disorder and it was common for people with emotional and behavioral disorders to be labeled with a mental illness. However, those terms were avoided when describing children as it seemed too stigmatizing. In the late 1900s the term "behaviorally disordered" appeared. Some professionals in the field of special education accepted the term while others felt it ignored emotional issues. In order to make a more uniformed terminology, the National Mental Health and Special Education Coalition, which consists of over thirty professional and advocacy groups, coined the term "emotional and behavioral disorders" in 1988.

Emotional disorders can also alter the way people regulate their emotions. Joormann and Gotlib (2010) conducted a study with depressed, or previously depressed, individuals to test this. They found that, when compared to individuals who have never had a depressive episode, previously and currently depressed individuals tended to use maladaptive emotion regulation strategies (such as rumination or brooding) more. They also found that when depressed individuals displayed cognitive inhibition (slowing of response to a variable that had been previously ignored) when asked to describe a negative word (ignored variable was a positive word), they were less likely to ruminate or brood. When they displayed cognitive inhibition when asked to describe a positive word (ignored variable was a negative word), they were more likely to reflect.

5.2. TITLE OF THE STUDY:

The aim of the present research work is ***"To study the sources of stress as a predictor of Emotional/ Behavioural disorder and Neurotic Personality among Adolescents".***

5.3. OBJECTIVES OF THE STUDY:

The following are the objectives of the present research study;

5. To ascertain the relation of different sources of students stress with Emotional and Behavioural problems categorised into three groups among adolescents;

    d) Internalizing syndrome

✓ Withdrawn depressed

✓ Anxious depressed

✓ Somatic complaints

e) Externalizing Syndrome

✓ Rule breaking behaviours

✓ Aggressive behaviours

f) Neither internalizing nor externalizing

✓ Social problems

✓ Thought problems

✓ Attention problems

6. To explore the correlation of different sources of students stress with Neurotic Personality among adolescents
7. To ascertain the sources of students stress as a predictor of adolescents'-

d) Internalizing syndrome

✓ Withdrawn depressed

✓ Anxious depressed

✓ Somatic complaints

e) Externalizing Syndrome

✓ Rule breaking behaviours

✓ Aggressive behaviours

f) Neither internalizing nor externalizing

✓ Social problems

✓ Thought problems

✓ Attention problems

8. To study the sources of students stress as a predictor of neurotic tendency is significantly.

5.4. VARIABLES AND DESIGN OF THE STUDY:

The variables in the present study are;

Independent Variable

Source of stress

- ✓ Financial
- ✓ Family
- ✓ Social
- ✓ Education
- ✓ Ego-Threat
- ✓ Bereavement
- ✓ Separation
- ✓ Personal Setback
- ✓ Health of Others

Dependent Variable

b) Emotional and behavioural problems categorised under three subgroups-

4. Internalizing syndrome

✓ Withdrawn depressed

✓ Anxious depressed

✓ Somatic complaints

5. Externalizing Syndrome

✓ Rule breaking behaviours

✓ Aggressive behaviours

6. Neither internalizing nor externalizing

✓ social problems

✓ Thought problems

b) Neurotic personality

As there is only one independent variable namely Sources of Stress with nine sub-factors namely; Financial, Family, Social, Education, Ego-Threat, Bereavement, Separation, Personal Setback and Health of Others and the study needs to examine the correlation between the independent and the dependent variables, a correlation design is used in the study.

Correlation Design:

Independent Variable	**Dependent variable**	**Dependent variable**
Sources of Stress	**Emotional/behavioural problems**	**Neurotic Personality**

5.5. TOOLS USED FOR DATA COLLECTION

The main aim of the study is to examine the effect of Sources of Stress, Emotional and Behavioural problems and Neurotic personality among Adolescents. To collect information about characteristics such as **Sources of stress, Emotional/Behavioral problems and Neurotic personality the** following instruments were used;

4. **Kundu's Neurotic Personality Inventory:**

Kundu's Neurotic Personality Inventory The inventory was developed by Kundu (1965), and the purpose of the inventory is to obtain a reliable measure of neurotic tendencies of adult people for diagnosis, selection and guidance. The questionnaire has 66 items.

5. **Student's Stress Scale:**

Student's Stress Scale developed by Dr.Manju Aggarwal will be used to measure sources of stress among students. The present scale is a culturally appropriate scale for University students to assess their level of distress. The scale consists of 64 life events items that have to be on a 7-point rating scale. It has nine sub scales: Financial, Family, Social Education, Ego-Threat, Bereavement, Separation, Personal Setback and Health of Others.

6. **Youth Self-Report TM:**

Behavioural and emotional problems were assessed by the Youth Self-Report TM (2001) developed by T.M. Achenbach and L.A. Rescorla. It is a questionnaire used widely to screen adolescents with psychiatric problems. This questionnaire is valid for ages 11-18 years. It is based on the widely used Rutter's Child Behaviour Checklist. Although it is a part of multiaxial assessment of psychological functioning of an adolescent, it can be used to provide data on adolescent's emotional and behavioural problems.

5.6. CONCLUSIONS:

1. Education was considered as the major stressor among the subjects with prevalence of 68.12% in the sample, followed by Personal setback with a percentage of 67.87% among the sample.
2. Among the three syndromes of the Emotional and behavioural problems namely; Internalizing, Externalizing and Neither internalizing nor externalizing, majority of the male subjects in the study have Neither internalizing nor externalizing behavioural problem.

3. There is highest prevalence of the thought problems among the subjects. Rule breaking behavior and aggressive behaviours are the next most common behavior problems.
4. majority of the subjects consider Education as the most stress causing factor followed by Personal setback. Family problems, health of others and Ego-threat also contribute to the sources of stress among the participants. Social problems are also a stressor for a fraction of sample
5. The Emotional and behavioural problems among adolescents regarding Anxious depressed of Internalizing syndrome with respect to the various sources of stress.
6. Personal setback and bereavement are the major stress factors responsible for the somatic complaints among the subjects, followed by Social problems, Family issues and Health of others.
7. All the sources of the stress are positively correlated to all the factors of Internalizing syndrome; externalizing and Neither internalizing nor externalizing syndromes of Emotional/behavioural problems
8. Financial stressor, Education, personal setback and Separation are highly correlated to the withdrawn depression Internalizing syndrome, Education, Financial stressor, personal setback and Separation are highly correlated to the Anxiety among the subjects in the present study and The most influencing stressors for the Somatic complaints among the subjects are Financial problems, Separation and Bereavement.
9. Financial stress, Social problems and Personal setback are the stress factor responsible for the Rule breaking behaviour syndrome among the subjects, followed by Education/Academic stress, Family and also Ego-Threat.
10. Family problems and Personal setbacks are the major stress factor responsible for the aggressive behaviour among the subjects, followed by Social problems, Financial stress and Ego-threat.
11. Considering the Rule breaking behavior of Externalizing syndrome; Financial stressor and Ego-threat are highly correlated to the Rule breaking behavior among the subjects and Education and Personal setback are highly correlated

to the Aggression among the subjects in the present study, however, the other sources of stress such as Family, Social, Ego threat, Bereavement and Health of others are not significant.

12. Considering the Social problems, Socially related stress factors, family stressors, Ego-threat and Financial stressor are highly correlated to the Social problems pertaining to neither internalizing nor externalizing syndrome.
13. Education related stress, Financial problems, Separation, Bereavement and Family problems are highly correlated to the thought problems among the subjects in the present study.
14. The most influencing stressors for the Attention problems among the subjects are Education related stressor, Personal setback, Social, and Financial issues.
15. Sources of stress namely; Education related stress, Financial problems, Separation, Bereavement and Family problems are highly correlated to the neurotic syndrome.

5.7. LIMITATIONS AND SUGGESTIONS:

- **LIMITATIONS:**
- Following are the limitations of the present study;
- The study was delimited to Junior college students of Marathwada region, and only to male students.
- The study has been confined only to the male college going students in the selected areas and the other segments of the population are not considered due to time constraint.
- Sample was taken from male college students only and those who are willing to participate in the interviews and share their experiences. As many of the male students were not open to share their views, researcher has approach them again and again to convince them or search for another willing group to collect the data from the respondents.
- Size of sample was delimited to 800 only.

- Only three major characteristics such as Sources of stress, Emotional/behavioural problems and Neurotic personality are considered in the study, however, many other personality traits among adolescents also significantly influences the stress among them.
- No gender differences were studied in the present research as the all the subjects of the present study were only girl student.
- Comparison based on inhabitant area and education level are considered in the study, whereas, type of course, environment in college, peers, mode of religious practices, family occupation and income in the family also influence the Sources of stress, Emotional/behavioural problems and personality among the adolescents.
- Researcher bias may play a role in selection of the questionnaire and interpretation
- Findings may not be replicable in a different population
- Findings may be open to interpretation.

SUGGESTIONS:

- The present study reveals the prevalence of various stressors among the male adolescents in relation to Emotional/behavioural problems and neurotic tendency. The results reveal a positive and high inter-correlation between the three variables. Thus, care should be taken to moderate the stressor among the adolescent population.
- Special training programmes and curriculum designing should be done to promote such social skills and enable the college students to lead a better social life.
- Counselling should be conducted for the students with higher stress and behavioural problems/.

- Training and special courses should be conducted to enhance the social competence and better inter-personal relationships so that the neurotic tendency can be reduced and channelized in a favourable direction.
- One's neurotic tendency is a collection of elements such as academic adjustment, gender roles, pro-social behaviour, and social identity. So, future studies can be conducted based on the relation between stressor and neurotic tendency, in academic and also in non-academic contexts.
- Studies can be conducted to know the causes of stress and emotional problems among the adolescents.

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Annexure – VIII

UNIVERSITY GRANTS COMMISSION
BAHADUR SHAH ZAFAR MARG
NEW DELHI – 110002

PROFORMA FOR SUBMISSION OF INFORMATION AT THE TIME OF SENDING THEFINAL REPORT OF THE WORK DONE ON THE PROJECT

1. NAME AND ADDRESS OF THE: PRINCIPAL INVESTIGATOR — Dr. Nagorao Manikrao Palwade, Department of Psychology, B. Raghunath Arts, Comm. & Sci. College, Parbhani.
2. NAME AND ADDRESS OF THE: INSTITUTION — B. Raghunath Arts, Comm. & Sci. College, Parbhani. Boralkar Nagar, Jintur Road, Parbhani 431 401.
3. UGC APPROVAL NO. AND DATE: File no.23-1488/14(Gen 36 (WRO) XII Plan Date: 13/01/2017
4. DATE OF IMPLENTATION: 03/02/2017
5. TENURE OF THE PROJECT: TWO YEARS
6. TOTAL GRANT ALLOCATED: Rs. 1,10,000/-
7. TOTAL GRANT RECEIVED: Rs. 85,000/-
8. FINAL EXPEDITURE: Rs. 1,16,560/-
9. TITLE OF THE PROJECT: "Sources of Stress: As A Predictor of Emotional/Behavioural Disorder and Neurotic Personality Among Adolescents"
10. OBJECTIVES OF THE PROJECT: Annexure I
11. WHETHER OBJECTIVES WERE ACHIEVED: Annexure I
12. ACHIEVEMENTS FROM THE PROJECT: Annexure I
13. SUMMARY OF THE FINDINGS: Annexure I

14. CONTRIBUTION TO THE SOCIETY: Annexure I

15. WHETHER ANY PH.D. ENROLLED/PRODUCED: NO

16. NO. OF PUBLICATIONS OUT OF THE PROJECT: NO

PRINCIPAL INVESTIGATOR PRINCIPAL

Annexure I

OBJECTIVES OF THE PROJECT:

The following are the objectives of the present research study;

1. To ascertain the relation of different sources of students stress with Emotional and Behavioural problems categorised into three groups among adolescents;

a) Internalizing syndrome

- ✓ Withdrawn depressed
- ✓ Anxious depressed
- ✓ Somatic complaints

b) Externalizing Syndrome

- ✓ Rule breaking behaviours
- ✓ Aggressive behaviours

c) Neither internalizing nor externalizing

- ✓ Social problems
- ✓ Thought problems
- ✓ Attention problems

2. To explore the correlation of different sources of students stress with Neurotic Personality among adolescents
3. To ascertain the sources of students stress as a predictor of adolescents'-

a) Internalizing syndrome

- ✓ Withdrawn depressed
- ✓ Anxious depressed
- ✓ Somatic complaints

b) Externalizing Syndrome

- ✓ Rule breaking behaviours

✓ Aggressive behaviours

c) Neither internalizing nor externalizing

✓ Social problems

✓ Thought problems

✓ Attention problems

4. To study the sources of students stress as a predictor of neurotic tendency is significantly.

WHETHER OBJECTIVES WERE ACHIEVED:

Yes objectives of the research were achieved by the data analysis and presented in the results and discussion.

ACHIEVEMETNS FROM THE PROJECT

Emotional disorders can also alter the way people regulate their emotions. Joormann and Gotlib (2010) conducted a study with depressed, or previously depressed, individuals to test this. They found that, when compared to individuals who have never had a depressive episode, previously and currently depressed individuals tended to use maladaptive emotion regulation strategies (such as rumination or brooding) more. They also found that when depressed individuals displayed cognitive inhibition (slowing of response to a variable that had been previously ignored) when asked to describe a negative word (ignored variable was a positive word), they were less likely to ruminate or brood. When they displayed cognitive inhibition when asked to describe a positive word (ignored variable was a negative word), they were more likely to reflect.

SUMMARY OF THE FINDINGS

1. Education was considered as the major stressor among the subjects with prevalence of 68.12% in the sample, followed by Personal setback with a percentage of 67.87% among the sample.
2. Among the three syndromes of the Emotional and behavioural problems namely; Internalizing, Externalizing and Neither internalizing nor externalizing, majority of the

male subjects in the study have Neither internalizing nor externalizing behavioural problem.

3. There is highest prevalence of the thought problems among the subjects. Rule breaking behavior and aggressive behaviours are the next most common behavior problems.
4. majority of the subjects consider Education as the most stress causing factor followed by Personal setback. Family problems, health of others and Ego-threat also contribute to the sources of stress among the participants. Social problems are also a stressor for a fraction of sample
5. The Emotional and behavioural problems among adolescents regarding Anxious depressed of Internalizing syndrome with respect to the various sources of stress.
6. Personal setback and bereavement are the major stress factors responsible for the somatic complaints among the subjects, followed by Social problems, Family issues and Health of others.
7. All the sources of the stress are positively correlated to all the factors of Internalizing syndrome; externalizing and Neither internalizing nor externalizing syndromes of Emotional/behavioural problems
8. Financial stressor, Education, personal setback and Separation are highly correlated to the withdrawn depression Internalizing syndrome, Education, Financial stressor, personal setback and Separation are highly correlated to the Anxiety among the subjects in the present study and The most influencing stressors for the Somatic complaints among the subjects are Financial problems, Separation and Bereavement.
9. Financial stress, Social problems and Personal setback are the stress factor responsible for the Rule breaking behaviour syndrome among the subjects, followed by Education/Academic stress, Family and also Ego-Threat.
10. Family problems and Personal setbacks are the major stress factor responsible for the aggressive behaviour among the subjects, followed by Social problems, Financial stress and Ego-threat.
11. Considering the Rule breaking behavior of Externalizing syndrome; Financial stressor and Ego-threat are highly correlated to the Rule breaking behavior among the subjects and Education and Personal setback are highly correlated to the Aggression among the

subjects in the present study, however, the other sources of stress such as Family, Social, Ego threat, Bereavement and Health of others are not significant.

12. Considering the Social problems, Socially related stress factors, family stressors, Ego-threat and Financial stressor are highly correlated to the Social problems pertaining to neither internalizing nor externalizing syndrome.
13. Education related stress, Financial problems, Separation, Bereavement and Family problems are highly correlated to the thought problems among the subjects in the present study.
14. The most influencing stressors for the Attention problems among the subjects are Education related stressor, Personal setback, Social, and Financial issues.
15. Sources of stress namely; Education related stress, Financial problems, Separation, Bereavement and Family problems are highly correlated to the neurotic syndrome.

CONTRIBUTION TO THE SOCIETY

Behavioral and emotional disorders (ICD-10); refer to a disability classification used in educational settings that allows educational institutions to provide special education and related services to students who have displayed poor social and/or academic progress.